Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before admission) a. COUNTY Page B. STATE b. COUNTY is necessary MASS MARYLAND b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Your write RURAL end give neerest fown) A O BROOKLINE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Por d. STREET ADDRESS State Boar IS RESIDENCE ON A FARM? 211 ST PAUL ST. YES T NO T Race Track refaine at Laurel NAME OF Middle 4. DATE Month Day Yeer and 3 to the fu DECEASED OF the (Type or print) DEATH 1961 2 with th 6. COLOR OR RACE 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. NEVER MARRIED 6 asl birthdey) Months W 1, 2, and 1, 2 hour WIDOWED DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during great of working life, even if relired) in pencil in Item 18. Give Pages 1, RACE HORSES pagas Acidi form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SALVATORE ANDOLINO EPISANIA ALESSI event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive war or dates of service) Office along with factorial burial-transit permit ANDOLINO 211 ST. PAUL MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) maderatie Cardinascedo Desesse DUE TO removal. Conditions, if any, which geve rise to immediate ceusa "pending" 103 DUE TO (a), stelling the underlying DEPUT MEDICAL MANAGED WITH THE WORD "Pending sase execute the certificate, writing the word "pending the Medical Examiner 93 Medical Examine should be used a cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of fnjury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc. While Not While 0 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion designated agent, Undetermined manner death resulted from: Natural causes Suicide Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, fown, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) its REMOVAL (Specify) BURIAL O ò 40 MASS ADDRESS MILCHAEL 24e, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME ST DATE .IAN 1 7 '61 322 S. HIGH 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 001

C0094

		U	04									Reg. Dis	it. No.	
o. COL	11.	INE A				YLAND	a, ST	1)	). C	, no.	b. COUNTY	WA	SHING	TON, D.
b. CITY	Y OR TOWN (I AL and give no	f outside corpo carest town) BURI		write	c. LENGTH OF STAY	O 7	c. CI	TY OR TOWN	(If outside	corporate	D-C	RURAL and g	give nearest to	wn)
d. NA	ME OF HOSPIT	AL (If not in h	ospital, give		ddress) AVE -		/ d. S	REET ADDRESS	5.6	ŚT.	S.E	y.	ON	A FARM?
3. NAME DECEA (Type of		FLORE	First NCE		THE RESA	1	NG	Lost LE	4.	DATE OF DEATH	and the same	nth	Day 4th	Year 196/
5. SEX	MALE	6. COLOR O		MARRI VIDOWEI	ED NEVER MARRI		B. DATE (	OF BIRTH	18	77 9.	AGE (In years lost birthdoy) 8 3 yrs	Months	1 YEAR IF UN Days Hour	
10a. USUA durin	ig most of worl	ON (Give kind king life, even	if retired)	ne 10b, K	NO HE	OR INDUS	STRY 11.	WAS		Pr C	•	12. CITI	ZEN OF WHA	AT COUNTRY?
13. FATHE	R'S NAME	05.	AT	WEL	L (DEC.)	)	14. MC	THER'S MAIDE		NOW	IH (	DEC.	.)	
15. WAS ( (Yes, no. or	DECEASED EVE	R IN U. S. AR/	MED FORCE dates of servi	57 16. S	OCIAL SECURITY NO		LME	R KII	NG (	son) o	2+2,60	874~	Glen Ber	mie, M.
Con		TH WAS CAUSE OF THE COMMEDIATE OF THE COMMEDIATE OF THE COMMEDIATE OF THE COMMENT	SED BY:	35	e for (o), (b), and (c) CUTE YPER 7	Co.		ARY	THI	20 M	Bosis		INTERVAL ONSET AN 2	YRS
lying	g couse lost.	the <u>under</u>	DUE TO		CARDIO-L								10	YRS
ICATION	FE	= 22 0	07 OF	BE		AGO.	- MA	SSIVE H	EMOR,	RH OP	FACES		PERF	ORMED?
(IF EIT	ACCIDENT WAS	MEDICAL EXA	G DEATH MINER)	b. DESC	SEE A	BOV	_	oture of injury	in Port I	or Port II	of item 18.)			
	Hour e.m.	Y Month, C	Doy, Year 19	While	JURY OCCURRED  Not while of work	20e. PLA foc	tory, stree	IJURY (Home, I t, office bldg.,	form, 20 etc.)	f. (City or	town)	(C	ounty)	(Stale)
ACTU SIGNA	e on		N	126 Jan	d from OC L., and that yak	t death	OCCUFF	425	ADOS S-	, from the RESS (Street	city or town	and an th	e date sta	
NAM	E (Type)	1 - F.		NU	22c. NAME OF CEM			GLI ORY 2			RIY /E	_/		otol
13th	PAL (Spacify)	1/7	1196	1	FORT A		2021	1 Com	1 (0	LMAR	MAN	er PR.	6000	() 4p
Wu		113 CM	s C.	-57	7-11-9	57 5. 1314.	PC		JAN 9	registrar		ISTRAR'S SIG		

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10 HO. 4 way be retained by the hospital or attending death. AL DIRECTOR: After this certificate has been a firedor, page 3 should be detached for his certificate has been a firedor, page 3 should be detached for his certificate has been attended for the page 3 should be detached for the page 3 should be detach

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MARYLAND STATE DEPARTMENT OF HEALTH of statistical research and records, 301 w. preston street, baltimore 1, maryland CERTIFICATE OF DEATH 095

1. PLACE OF DEAT	H				ESIDENCE	(Where de	ceased lived, If		sidence before	admission)
	Anne Arunde		MARYLAND	a. STATE	Maryl	and	b. COUN	Anne	Arund	el
b. CITY OR TOWN write RURAL an	(if outside corporate limits ad give nearest town)	\$,	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN (If ou	ulside corpo	prete limits, write	RURAL and	give nearest t	own)
Annapol				10	Annap	olis				
d. NAME OF HOSP	PITAL OR INSTITUTION (IF	not in hospit	lel, give street eddress)	d. STREET	ADDRESS	*				RESIDENCE N A FARM?
Anne Arund	del General	Hospit	al	513	Fifth	St.				NO
3. NAME OF	First		Middle	Last		DATE	Month		Dey Y	100
(Type or print)	Katheri	ne		BARBOUL	2	OF DEATH	Janua	777	25 1	961
5. SEX	6. COLOR OR RACE		NEVER MARRIED   8	. DATE OF BIRT		19.	AGE (In years			ER 24 HRS.
Female	Negro	WIDOWED	DIVORCED	June 22	1905		lest birthdey) 55 yrs.	Months De	eys Hours	Min.
1Da. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	10b, KIN	D OF BUSINESS OR INDUSTR			& State, or t	foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
Domest			*****	Vin	ginia			TI	J.S.	
13. FATHER'S NAME		-		14. MOTHER'S		ME			104	
James 1	Transis a			Uesans	n Mla a ma					
	YER IN U.S. ARMED FOR	CES?   16, 50	OCIAL SECURITY NO. 17. 1		a Thoma	1.5	Address			
(Yes, no, or unkown)	(If yes give wer or detes of se	ervice)			_					
NO LIS CRUSE OF	DEATH  Enter only one		nknown Mar	y S.S.Va	ruls -	513 F	fifth St	. Anna	I INTERVALE	SETWIEDI
	TH WAS CAUSED BY:	7	Daniel Co.	0		1-			ONSET AN	
1779	IMMEDIATE CAUSE (+)	12	word or my	Car	yer	ngh			-	
222	DUE TO	6.	1. 0.	dias	-	/	0,			
Conditions, if an		au	y en	dias	. 1	nov	~~~	,		
(a), steting the	BUILT TO									
couse lost.	(c)_									
PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL	DISEASE	CONDITION GIV	EN IN PART 1	(e) 19. WAS	AUTOPSY FORMED?
JEY.									YES T	NO T
	WAS UNDERLYING	20b. DESCR	NISE HOW INJURY OCCURED	. (Enter neture of	injury in Part	I or Part II	of item 18.)	-	14	
	G CAUSE OF DEATH									
Y 20c. TIME OF INI				CE OF INJURY (I		20f. (City	or town)	(Count	y}	(State)
Hour s.m.		While at work	1 101 W	diy, siledi, oilice	biogi, eic.j					
		altende	ed the deceased from.	Jan.	25. 19.	61 to	Jan. 2	5 196	1. that (1)	(NOID) last
			19.61 , and that							
228. SIGNATURE			annan America Grad Cities	0.0011 0.0001	2:35	A M	1110 404303	011/0 011 111		2b. DATE
ATTENDING MED.							STAFF PHYS.		11	SIGNED
22c. PHYSICIAN'S	22d. ADD	Aut.				-4	-4/41			
NAME (Type	o) A. T. All	en		62 Ca	thedra	1 St.	, Annap	olis,	Md.	
23a. SURIAL, CREMA	TION, 236. DATE THER	EOF	23c. NAME OF CEMETERY				TION (City, to		minimum marketing	(Stele)
Burlal (Specify	1-29-61		Good Hope		F	ront	Royal -	- Va.		
24 FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		_		RAR 25b. REC	-	GNATURE	
C.E.HICKS	s III An	namoli	s, Maryland		DATEJAN	3 1 %1				
			3	i	The state of the s	01 01		Thung S. +	Cracia	

agentia. 4 SERECOLLES. CONTRACTOR OF THE PARTY OF THE Land took internet of the A work Ethings! The real part of the control of the abote W more and a site al . . Allow to the cold the state of the cold the cold the second of the second nal'El Sa Care Ind St., Jestphis, Jr. sic local long of Company . IV - 1 (a. duar. with a later of the later of C. F. Histo LL and only

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_												
1,:	PLACE OF DEATH	Arundel		MARYLAND	2. USUAL RESID	_ '	re deceased l	lived. If institution b. COUNTY	on: Residenc	e befa	re admiss	ian)
	b. CITY OR TOWN (If	autside carporate limi	ts, write c.	LENGTH OF STAY IN 16	c. CITY OR I	OWN (If out	tside carpora	te limits, write R	URAL and g	ive nec	arest tawn	1)
		eorge G. Me	-	-	Balti	more		3001	- 4			
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street ada	dress)	d. STREET A						e. IS RES	FARM?
	United	States Arr	ny Hos	pital	1536	N. Mil	Lton S	t				NO X
3.	NAME OF DECEASED (Type or print)	Fin	st	Middle	BAR	NETT	4. DATE OF DEATH	JANUA		Do	00	Year 19 61
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	12:11	PM 9	. AGE (in years last birthday)	IF UNDER			
	Female	Neg	WIDOWED	DIVORCED	22 Jan	61		yrs.	Months	Doys	Hours	Mig
100	during mast at wark	N (Give kind of work of ing life, even if retired	dane 10b. KIN	ND OF BUSINESS OR IND		ACE (State of		ntry)	12, CITI;	ENO	FWHATC	OUNTRY
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME					
	Alvin Ba	rnett			Jan:	ice Wi	lburn					
1\$,	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 50	CIAL SECURITY NO. 17.	INFORMANT			Add	ress			
(Ye	is, no, ar unknown)	If yes, give war or dates of s	ervice)	-	Mother -	1536 N	. Mil	ton St B	alto,	Md	•	
	18. CAUSE OF DEA	TH [Enter only one co	use per line f	for (a), (b), and (c).	-						ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	Pi	neumonia: - a	spiration	of an	nnioti	c conter	its.	ONSET AND DEATH		
	17/-	IMMEDIATE CAUSE (o	1-	*****	_							
	Questionable sub-dural hemorrhage.											
	gave rise to in		-					-				
	lying cause last.	ne <u>under-</u>										
CERTIFICATION		) {c	-	NTRIBUTING TO DEATH BU	IT NOT RELATED TO	THETERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1{0}	PERFO	AUTOPSY DRMED?
THE	20a. ACCIDENT WA	S UNDERLYING	20b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter nature a	Finjury in Po	art I or Part I	It of item 18.)				
CER	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
CAL	20c. TIME OF INJUR	Y Manth, Day, Yes	ar 20d. INUL		LACE OF INJURY		20f. (City o	or tawn)	{(	ounty)		(State
MEDICAL	Haur a.m.	19	While at work [	Not while of work	actory, street, affice	plag., etc.)						
<		. /IN SERVICE CONTROL			21 Jan	10	67 - 2	22 Jan	19	61 4	-1/0.1	VOVI I
	saw the deceas	20		the deceased fram 19 61, and that	death accurred							
	220. SIGNATURE	2	1				.,				22	b. DATE
	(A)	12 /3	Ale	edil (	M.D. PHYS.	G MEE	ECTOR [	STAFF PHYS.		2	2 Jar	signer n 61
	22c. PHYSICIAN'S	1 0	4		22d. ADDR	ESS		_				
	NAME (TYPE)	Y M. SLEZAR	C, Capt	t., M.C.	US A	rmy Ho	sp Ft	Geo G.	Meade	, 14	d.	
23	BURIAL, CREMATIO	N, 23b, DATE THEREC	OF 2	23c. NAME OF CEMETERY		1;	23d. LOCATH	QN (City, town,	ar county)		(Stat	le)
	Cremation	70 911	61	U. S. A. H	osp		Ft	eo G. I		Ma		
24	FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D	BY REGISTR	The state of the s	STRAR'S SIC			
	A histor	a Value	/,	- 111 n-		DATE 7	FELL.	6	anthu	7 8.	Thank	

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFICA	ATE OF D	EATH

007

1. PLACE OF DEATH 0. COUNTY 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence o. STATE b. COUNTY	e before admission)								
o. COUNTY Anne Arundel Maryland b. COUNTY Anne	<u>lrundel</u>								
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)  Annapolis  8 days  Riviera Beach	ve nearest tawn)								
d. NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE								
Anne Arundel General Hospital 231 Asbury Road	YES NO TO								
3. NAME OF First Middle Last 4. DATE Month OF	Day Year								
(Type or print) Warren Le Roy BEVAN DEATH January	12 1961								
THE THE PARTY OF T	YEAR IF UNDER 24 HRS. Days Hours Min.								
Male White WIDOWED DIVORCED August 3, 1884 76 yrs.	Pays (100/s Mill)								
during most of working life, even if retired) Williamsport.	EN OF WHAT COUNTRY?								
Retired Davis Chem. Co.   Pennsylvania'   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME	U.S.								
Joseph Bevan Clara ?									
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT  [Yas, no. or unknown] [If yes, give wor or dates of service)									
No Mrs. Warren L. Bevan 231 Asbury Ros	ad								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: OYONGRY OCCUSION	1 hour								
S 4 1 G DUE TO _									
	121 -								
gove rise to immediate	10 days								
cause (o), stoting the under DUE TO									
	1/21 10 WAS AUTORSY								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  IN EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?								
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   CHESTHER, NOTIFY MEDICAL EXAMINER)									
	ounty) (Stole)								
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  Note that the policy of the po	outing) (stote)								
21.1 certify that (1) this hospital) attended the deceased from	, , , , , , , , , , , , , , , , , , , ,								
saw the deceased alive an	date stated above.								
220. HIGNATURE  TO A STAFF PHYS. DIRECTOR DIRECTOR PHYS. D	1/12/1.DATE								
22c, ADDRESS 22d, ADDRESS	1 64 61								
ZZG, ADDRESS	/ /								
J. Fred Hawkins, Jr. 100 Cathedral St., Annapolis,	Md.								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county)	Md. (Stote)								
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown, or county)	(Stote)								
Z3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown, or county)	(Stote)								

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1 12	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ر ا	CERTIFICATE OF DEATH  Reg. Dist. No.
director.	1. PLACE OF DEATH c. COUNTY FANTE FRUNCE (Maryland   Maryland   Ma
To the second	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Biltimore 25  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore 25
× 25, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Private Res.  d STREET ADDRESS  492/ DROOF WOOL  YES D NO D
Filled i	3. NAME OF DECEASED (Type or print) FIRST Middle Lost A. DATE OF DEATH / DEATH / 196/
	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   1F UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min   M
d cample n papers. Jeath.	100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  during most of working life, even if celired)  A House  Bottom  12. CITIZEN OF WHAT COUNTRY
cion and arban arb	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
ing physicion e remove cor 72 hours aft	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  (Yes, no or unknown)  (If yes, give wer or dottes of service)  (If yes, give wer or dottes of service)  (If yes, give wer or dottes of service)
e attendin	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  ONSET AND DEATH  ONSET AND DEATH
ned by the	Conditions, if any, which gove rise to immediate DUE TO
ysician. been significant. I-transit p	Tying couse lost.  (c) Solic Rest of Section Conditions Contributing to Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10/19 WAS AUTOPSY
ng physic e has be burial-tra removal,	PERFORMED? YES NO ED!
tricate s the b	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cer ir use a rematio	20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURED While Not while of work of wor
he haspinached for burial, ci	21. I certify that I attended the deceased from 15, 19 5k, to 13, 19 61, that I last saw the deceased alive an 11361, 19, and that death occurred at 3 M, from the causes and an the date stated above
RECTO RECTO be del	ACTUAL SIGNATURE A TOTAL CONTROL M.D. 203 Yalafra Co
	PHYSICIAN'S NAME (Type)
may be PUNERAL page 3 shau the registrar	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (Giy. lown, or county) (Stote)  REMOVAL (Specify) 1-17-6/ Cree & Mount Cent. Baltimore
VS A1S (4) 15M 97SS	23. FUNERAL DIRECTOR'S SIGNATURE  TOHN MILLER 243/6. DIVE S DATEJAN 18'61  LANGE & TOURSE SIGNATURE  TOHN MILLER 243/6. DIVE S DATEJAN 18'61
,	-2/1/3 Nd



VR A15 (4) 15M 9/59

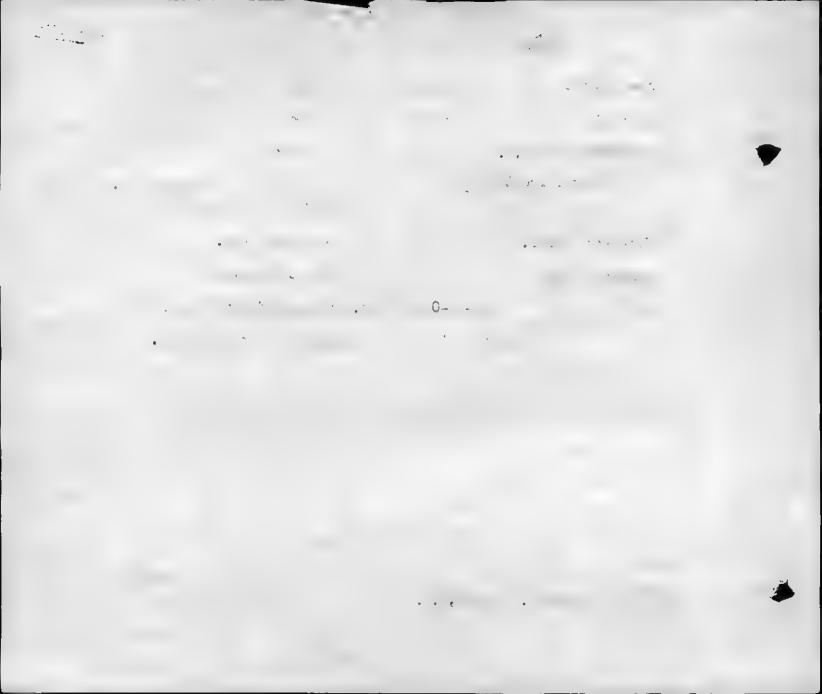
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- 1	Ung GERMINEATE OF BEATT
,	PLACE OF DEATH  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission)  O. SALE AMERICAN COUNTY  MARYLAND
	CONTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, give street address)  OR INSTITUTION  OR A FARM?  YES NO SO
	3 NAME OF DECEASED (Type or print)  Results of Deceased (Type or print)
	SSEX 6 COOR ON PRICE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  NEVER MARRIED NEVER MARRIED B DATE OF BIRTH  NOTICE OF BIRTH
	Tog USHAL OCCUPATION (Give kind at work done 10b KIND OF BUSINESS OR INDUSTRY 1D BIRTHPLACE (State or tog gn country)  12. CHIZEN OF WHAT COUNTRY?
	13. FATHER'S MAIDEN NAME PARMENT NICHT BARRIS MAIDEN NAME BARRIS MAIDEN NAME BARRIS MAIDEN NAME BARRIS MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address Address Address (19s. Inspire spiknown) If yes, give wor or dates of service)
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
	Conditions if any which Due to Carlot of the
	gave rise to immediate cause (a), stating the underlying cause lost.  (b)  DUE TO  Lying cause lost.
	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 1 NO 1
	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED While Not with at work of wo
	21 I certify that (I) (this haspital) attended the deceased from
	220 SONATURE ATTENDING MED STAFF SIGNED
	RAPIE (TYPE) RICHARDSON M.D 10-0/03 TO LO LO
	230. BURIAL CREMATION, 23b. DATE THEREOF 23c MAME OF CEMETERY OR CREMATION (CATION (CATION OF CLUMY) (SIGNAL)
	HUNERAL DIRECTOR'S SIGNATURE REDELLANDING REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DAY 2 7'61
-	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND DICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) ral director, Page of for your files. Board of Health, e. COUNTY e. STATE b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate I. mits, MARYLAND Same Same c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give negrest town) Same Glen Burnie De Months of M e. IS RESIDENCE ON A FARM? refa YES NO THE 3. NAME OF Sixth Street N.E. Same Midd.e 4. DATE Month in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retabute-Iransit permit, File pages 1 and 2 with the S DECEASED OF (Type or print) DEATH James Forrest Burns 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. RE birthdey) Months Days Hours WIDOWED F DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired coal miner. Bellewood Penn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Burns Rhoda Culberston EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (livesgivewarordetesofservice Mrs. Etheline Gilbert (daughter) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiovascular diseases. Diabetes. and DUE TO removal, Conditions, if any, which "pending" gave rise to immediate cause Medical Examiner's (6) DUE TO (e), stating the underlying 88 0 ceuse lest. cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? ecute the certificate, writing the word be forwarded to the Chief Medical E RAL DIRECTOR: Page 3 should be signated agent, prior to burlal, cremet YES 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) While et work at work Inspection | X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion agent, Accident death resulted from Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. FUNERAL 1/30/61 DEPUTY MEDICAL EXAMINER EKAMINER'S plnods NAME (Type) Address (Street, city, town, or county) Gustave 22d. LOCATION (City, lown, or country) 22e. BURIAL, CREMATION 6 Q 4 Q 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SLONATUR V5. A15ME 5M 7/59



VR A1S (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
1/2	b CITY OR TOWN (If outside corporate fimils, write PURAL and give nearest fown)	c_CTX OR TOWN (If obtained corporate limits, write RURAL and give nearest lown)
and b	d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES   NO
	3. NAME OF DECEASED (Type or print) EDVIE (Middle	HOVE DEATH DOWN 1961
	S. SEX   G. COLOR OR RACE   7, MARRIED   NEVER MARRIED	B. DATE OF BIRTH  AGE (In years left under 24 HRS lost birthdoy)  yrs  IF UNDER VYEAR IF UNDER 24 HRS Months Doys Hours Min.
	100. USUAN OCCUPATION (Give kind of work done during most of working life even if retired)	West Cambra 4 St
	13. FATHER'S NAME MUKNOWN	14. MOTHER'S MAIDEN NAME MAKENOWATER
	/s. WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. I (17 yes. give wor or defees of service)	Lames Avelle 325 ni Windellait.
	PART I. DEATH (Enter only one couse peopling for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which )  (b)	last Taking due to 15, Days
	gove rise to immediate couse (o), stating the under-lying couse lost.	Heytertains Couchy- bas what Biggs
1	CATIG	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO
		ED. (Enter nature of injury in Port I or Port II of Ilem 18 )
		LACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) street, office bldg., etc.)
		death accurred a) M, from the causes and an the date stated abave.
1	220 S GNATUPE (Library day)	M.D. ATTENDING 6 MED DIRECTOR STAFF PHYS 120 ADDRESS 22d ADDRESS 2
	NAME (TYPE IN KICHTARDSON POLE	DR CREMATORY 238 ADCATION (City, town, or couply) " DO 1914
	230. BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY C	Hell Kennapoles MC
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAM REPORT OF MANAGE OF	DATE JAN 9 161 286 REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflect by the hospital or altending physician.

TO FUNERAC BIRECTOR: After this certificate has been signed by the attending physician and campietely filled in the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 at should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		USIS CERTIFICA	IE OF DEATH	0 0 34, 0 34,
. \		PLACE OF DEATH  G. COUNTY  ANNE ARUND ELMARYLAND	2. USUAL RESIDENCE (Where deceased lived If Institution, Residence a STATE b COUNTY Pak	Finere (C)
		b CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 1b CRURAL and give nearest town)  CLOWN ST, LLE	c. CITY OR TOWN (If outside carporate limits, write RURAL and gi	RV 14
)		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON EXECUTIVE NOVICE STATE HOSPI, THE	1729 N SMALLWEED STR.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)  ADUNIE  Middle	Last OF DEATH Month	2/ Year 2/ 196/
	5.	SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED 1	Di Dillini	YEAR IF UNDER 24 HR Days Hours Min.
	10a	during most of working life, every if retired)  Multiple Company Compa	STRY 11 BIRTHPLACE (State or foreign count 12.CITIZ	EN OF WHAT COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, give war or slotes of service)	Horportal Nacors	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CTEN QUY  KT	vou boin	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any which ) (b) Thouse a brusse	: symbore associated	
		gave rise to immediate cause (a), stating the under- lying cause last.  (c)	get acterior discorr	
0	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS' PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL		ACE OF INJURY (Hame, form, 20f. (City at tawn) (Cotory, street, affice bldg , etc.)	ounty) (Stat
		21.1 certify that (1) (this haspital) attended the deceased fram . saw the deceased glive an 1/21/61 19 and that d	death accurred at SAM, from the causes and on the	
		220. SIGNATURE	M. ATTENDING MED STAFF PHYS	22b. DATE SIGNE
1		22c. PHYSICIAN'S NAME (Type) /L. BENEDICT M.J.	Everynorthe State Korg Z	EL
	23c	REMOVAL (Specify) 236 DATE THEREOF 23c NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town, or county)	(State)
	24	BUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE Thank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Anne Arundel **b.** COUNTY MARYLAND Anne Arunde buriof, b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) intideu. Catonsville r. W. . carp. .. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? It's control and it for Cherrydell Road YES I NO 13 NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) Luther Glen Colling 19 67 .Tanuary 79 وَ 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9, AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lgs1 birthday1 Male Months Min. White Hours WIDOWED [7] Oct. 29, 1915 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Spring Goove State Hospital Virginia USA YOU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Poges oge 5 Andrew J. Collins Rosa Burke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Give 01 0605 Jesse W. Collins. Same as IB. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Crushed chest IMMEDIATE CAUSE (a) Sudden **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying cause lost. o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSI ô CERTIFICATION PERFORMED? NO) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY II or CONTRIBUTING CAUSE OF DEATH. . 13 1d . W 15 6 11 111 115 115 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not while 62 of work of work " " and the a proper war of the trans " " ? 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that to the Chief . DIRECTOR: death resulted fram: Natural causes . Accident , Suicide , Hamicide , Undetermined cause ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) (Stote) REMOVAL (Specify) ADDRESS 23. EUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEJAN 2 4 '61 arthur & Krossa 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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MEDICAL CERTIFICATION		1S (Yes
		MEDICAL CERTIFICATION
		L

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

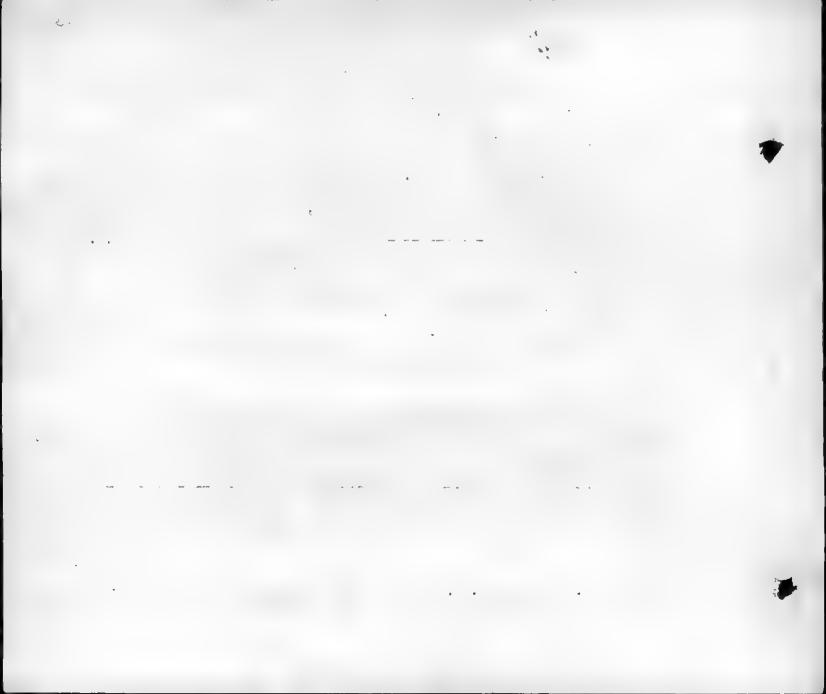
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be a feel by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate as been signed by the attending physician and campletely filled page 3 should be detached for use as the burial transit permit. Then please remove care appears. Pages 1 the State Board of Health prior to burial, aremation, or removal, and in any event, within 72 pours after death

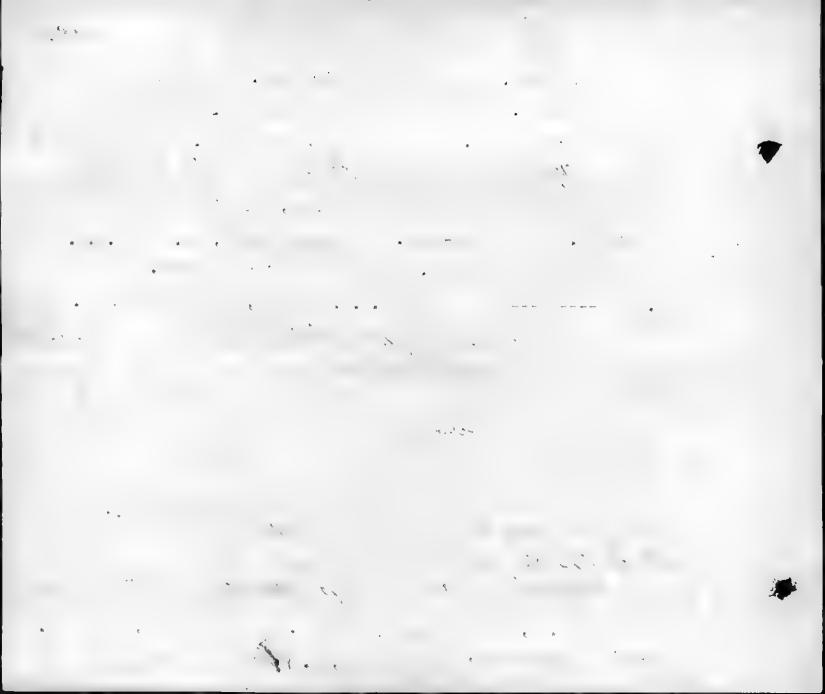
VR A1S (4) 15M 9/59

the funeral director, should be filed with

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1.	PLACE OF DEATH o. COUNTY Ans	na Arundel		MARYLA	AND	2. USUAL RESIDEN		ere deceased	lived If institution b. COUNTY			
	RURAL and give ne	f outside corporate limi corest town) cwnsville	its, write	1 year 9 mos. 4 de		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge						
Г	d. NAME OF HOSPIT	AL (If not in haspital, g	give street o			d. STREET ADD	RESS				e IS	RESIDENCE
	Crownsvi	lle State 1	Hospit	tal.		Pine	& C:	ross S	treets			NO [
3	NAME OF DECEASED	Fir	'sl	Middle		Last		4. DATE	Mon	th	Day	Year
L	(Type or print)	Geo		W.		Cornish		DEATH	1		10	19 6.
5	SEX	6 COLOR OR RACE	7- MARRI	ED NEVER MARRIED		. DATE OF BIRTH			9 AGE (In years lost birthday)		YEAR IF U	NDER 24 HR
L	Male	Negro	WIDOWE			July 10,			64 yrs	Mollins	Days no	ars Min.
100	<ul> <li>USJAL OCCUPATION</li> <li>during most of work</li> </ul>	N (Give kind of work ing life, even if retired	done 10b. I	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (State	or foreign co	untry)			AT COUNTRY
L	Unemploye						ylan			1	J.S.A	
13.	FATHER'S NAME					14. MOTHER'S MA		_				
L	John Co				T		ella	Laws				
15 (Y	IS, no, or unknown) (	R IN U. S. ARMED FOR If yes, give wor or dates of s	ervice) 16. S	SOCIAL SECURITY NO.	17, IN	ORMANT	n	3 _	Addı	ress		
	Yes	World War		Jnknown		Hospital	trec	oras		742		
		TH [Enter only one co TH WAS CAUSED BY:	use per line	e for (a) (b), and (c).]							INTERVA ONSET A	ND DEATH
	I A T	IMMEDIATE CAUSE (	)	Cachexia		-						
	162.	DUE TO		anahanaha	On a							
	Conditions, if as gove rise to in		) DI	ronchogenic	Per	cruoma		- :				
	couse (o), stating t											
z	lying cause last.	) (c	DITIONIS C	ONTRIBUTING TO DEAT	31.0027.0	IOT BELLTED TO T	IC TERVIN	ALL DISCASE	complete con-	COLUMN TO A STATE OF THE STATE	1/ 1/20 11/	46.4(120.00)
CATION				ONTRIBUTING TO DEAT				NAL DISEASE	CONDITION GIV	EN IN PAKI	PE	RFORMED?
FEC				associated	~~~			Part Los Part	It of item 18.1		7 7 25	□ NO)E
1 CERTIFI	OR CONTRIBUTING	S JNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	200. 0200	ALL THOSE STATE OF CO.	SOKKLO	(ciner illustric of in	1017 211 1	un 1 01 1011	ii di iion ibiş			
MEDICAL	Hour a.m.	f Manth, Day, Yei	Whife	JURY OCCURRED Nat while of work	0e PLA faci	CE OF INJURY (Har ory, street, office bi	ne, farm dg , etc	, 20f. (City	or town)	ζC	ounly)	(Stote
	21 1 certify tha	t (I) (this haspital	) attende	ed the deceased fr	ram	4/6/	. 12	59 , ta	1/10/	, 19_6_	L, that (	l) (we) las
		ed alive an 1/1	LO/	1961 and t	hat_de	eath accurred a						
	22o. SIGNATURE	SIGNATURE								Janua	rv 10.	226. DATE SIGNEI 1961
	22c PHYSICIAN'S 22d ADDRESS											
	TACHE (Type)	L. Bened	lict,	M. D.		Crown	vil	le Sta	te_Hospi	tal.	Marvla	ind
230	BUR AL CREMAT O	N, 236 DATE THEREC	) F	23c NAME OF CEMET	ERY OR				ON (City, town, o			State)
	REMOVAL (Specify)	1/11/61		Cambri	PAP			Cha	mb.		Mid	
24	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS	1	25		BY REGISTR	0.4	STRAR'S SIG		
1	Hame C	10000	- 2	22 Codar	S	Campa D.	ATE M	AR 13 '	ن د	thing &	House	

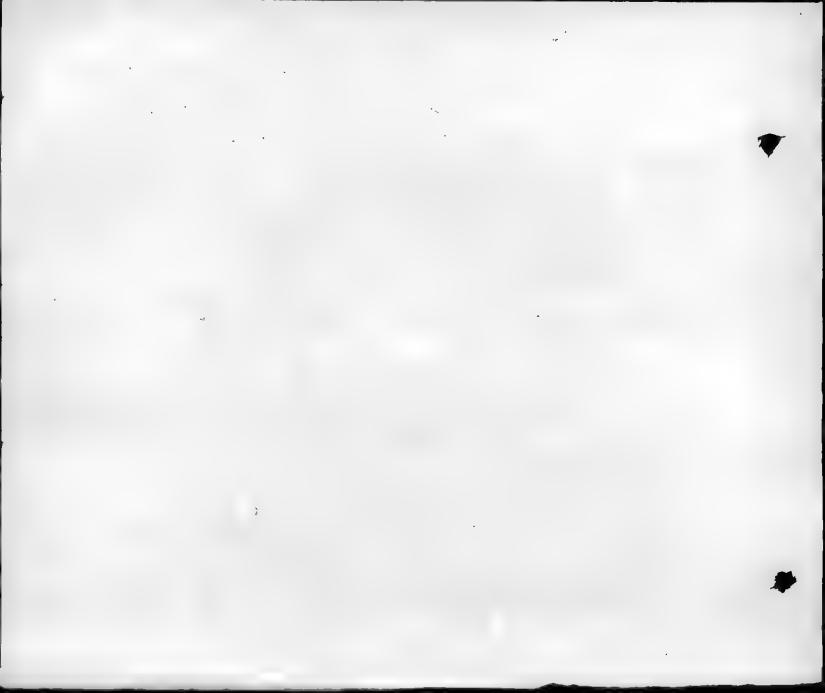


RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with director 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Marvland. Arundel Anne Arundale. Anne eral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 þ c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town)  $\overline{\mathbf{Q}}$ Millersville. Millersville. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Knollwood Nursing Home. YES NO Route #1 Bex 240 NAME OF 4. DATE Month Day Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OF RACE S SEX 8. DATE OF BIRTH MARRIED NEVER MARRIED fin years birthday) Manths Davs Hours May 17th. 1891 camplet WIDOWED D DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Domestic. Own-Work. U.S.A. and Leuisa County. 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 6 ğ .⊆ Madison. Dora William Marion Melten. physic гетаче IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mr.A.A.Dadidson. Millersville. Md. altending No. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** þ Canditions, if any, which permit gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burial-transit** been b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY CATION crematian, PERFORMED? YES NOTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while p. m. at work at work 21. I certify that (I) (this hospital) attended the deceased from A b and that death accurred at M, from the causes and an the date stated above saw the deceased alive an DIRECTOR: 22a, SIGNATURE ATTENDING STAFF MED DIRECTOR M.D. 22c PHYSICIAN'S 22d. ADDRESS shauld NAME (Type) FUNER AL 23b DATE THEREOF 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) Gordonsville. Virginia Mablewood/ Cometery. 0 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral Heme. VR A15 (4) Gordonsville. Vs 15M 9/59



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		LACE OF DEATH?  O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY
	Ь	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Lural  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	c	or INSTITUTION (Lace Mann Home Jules Ville GGCo Ma 15 RESIDENCE ON A FARM?)
		NAME OF First Middle Lost 4. DATE Month Day Year DECEASED Type or print)  FLORENCE A DISNEY. DEATH  5 196/
	5 5	F WIDOWED DIVORCED 12-15-1882 last birthday) Manths Days Haurs Min
	10a	USUAL OCCUPATION (Give kind of work done done done done done done done done
	13, 1	Martin Umray 14. MOTHER'S MAIDEN NAME
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Katturyn Parker 17 Story-Cure  Mas Deceased Ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  MAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMATION IN U. S. ARMED FORCES? 18 INFORMATION IN U. S. ARMED FORCES? 18 INFORMATION IN U. S. ARMED FORCES? 18 INFORMATION IN U. S. ARMED FORCES. 18 INFORMATION IN U. S.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). CEREBRAL CORTICAL INFARCTION  DUE TO  Candillians, if any, which ) (b). CEREBRO VASCULAR OCCLUSION  2 multis
		gave rise to immedial cause (a), stating the under lying cause lost.  OUE TO  CEREBRAL THROM BOSIS  2 months.
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES  NO. ATHEROMA.
	2	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Idem 18.)
	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at wark
		21 I certify that (I) (this haspital) attended the deceased from 12
		Yevard Church M.D. ATTENDING MED. STAFF SIGNED
18		22c PHYSICIAN'S NAME (Type) CERARN CHURCH. 121 CATHED ARL ST ANNA TOUS H:
		BUR A, CREMATION. 28 DATE THEREOF 22c. NAME OF CEMATORY The 23d, LOCATION (C 14, 10 ym, of country) for (Store In d)
	24,	FUNDES DIRECTOR'S SIGNATURE 42 6 CASORESS Styling W/250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE JAN 1 0 '61 Orthog S. Kraus



# FOR STATE HEALTH DEPU TO DEPCEMENTALE EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please example the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the continuent of the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refaired for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a builal-itemsit permit. File pages 1 and 2 with the State Board of Mealth or its designated agent, prior to burial, cremation, or removal, and many event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	-	The state of the s
Ť		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
}		ANNE-ARUNDEL MARYLAND STATE OF GOUNTY
1	_	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN th
,		Charle RURAL and give perest lower 2 Years 12 C 1 1/7
		NAME OF HOLDS AND ASSESSMENT OF THE PARTY OF
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gryd street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
		VI aught Ropel.
		NAME OF DECEASED A DATE Month Day Year
		Type or priet) // RDV1-R///E//// DDATE// PRIEMER CAN-
	5.	1 COLOR OF PACE
- 1		NEVER MAKRIED NE
		WIDOWED DIVORCED 77/199
	do:	12. CITIZEN OF WHAT COUNTRY?
	1	relied from P. R. M. J.S. LABORER. Kelland 6. G. Ep Ind 26 9.
	13.	FATHER'S NAME
		Nightalas Donard Suzasur Tu-=1
	95	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 127. INFORMANT Address
	[Ye	is, no, or unknown) (Illy signive wer or detes of service)
1	١.	11 1-07-65 June Clasina Darkly ( Wiefe)
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
	U	PART I. DEATH WAS CAUSED BY: ( And DEATH ) Colored
		H 2 0 DUE TO
	Н	
	Н	geve rise to immediate cause
		(a), stating the underlying DUE TO
		cause lest. (c)
Q1	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
	AT	PERFORMED? YES NO NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.)
	CE	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	7	20c, TIME OF INJURY Manth, Dey, Yeer   20d, INJURY OCCURRED   20e, PLACE OF INJURY (Home, Ferm, 20f, (City or lown) (County) (State)
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)  Hour e.m. (State)
	W	p.m. 19 el work el work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from: Natural causes 7. Accident . Suicide . Homicide . Undetermined manner
e		CHIEF MEDICAL EXAMINER
2		VAMILE VI. O. T. 1. /C 1/ C 1/ C 1/ C 1/ C 1/ C 1/ C 1/
¥.		M.D.
		DEPUTY MEDICAL EXAMINER (S) BLEE LANG MAME (Type) See Stave Blee And Address (Street city boxes or soughly Blee Line (11).
	220	Address (Street, city, town, or county) All College (1986)
	240.	BURIAL, CREMATION. 22b. DATE THEREOF 22b NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
	_ <	Junal 1-6-1961 1/15-1000. Ballon VICE
	23.	FUNERAL DIRECTOR ADDRESS ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	K	William Keesett. Contra 11/0 DATE JAN 9 161 Ciriling 8. Knows
	# 11	



I director, Page for your files. Board of Health, TO DEP. MEDICAL EXAMINEM This certificate should be executed within 24 haurs after death. If any depease executed the rectificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PMA Page 5 may be retain. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State or its designated egent, prior to burial, cremation, or removal, and in any event Mithma 2 flours effer death.

MARYLAND STATE DEPARTMENT OF HEALTH

MAKILAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI

1	Division of	STATISTICAL RESEA	KCH AND KECOK	JS, SUL W. PRESIN		THE I, MARTEMIO
		AAB WEDICA	L EXAMINER	S. CERTIFICA		60107
	PLACE OF DEATH			2. USUAL RESIDE	NCE (Whare deceased lived, If i	nstitution: Residence before edmission)
	Ant	ne Arundel f outs de corporate limits, giva nearast town)	c. LENGTH OF STAY IN	2.700	ryland	Anne Arundel
		<b>Lrchton</b> AL OR INSTITUTION (if not in ho	2 425 spilal, g ve street address)	d STREET ADDRESS	ral Churchton	IS RESIDENCE     ON A FARM?
3.	NAME OF DECEASED	unklin Menor	Middle	Last	enklin Manor	YES NO
	(Type or print)	H.	MALONE	DRESBACH	DEATH Janua	ry 7 1961
5.	SEX	6. COLOR OR RACE 7. MARR	ED MEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years lalt bathday)	Months Days Hours Min.
	Male	White   WIDOW	ED DIVORCED	1 - p - 1	914 50 yrs.	Monins Days Hours   Min.
10a do	<ul> <li>USUAL OCCUPATI na during most of wor</li> </ul>	ON (Giva kind of work   10b   10b	KIND OF BUSINESS OR IND.	JSTRY 11. BIRTHPLACE (Stat	a or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ATTORNE	7		Hatchill 1	FAITAS	1604
13.	FATHER'S NAME			14. MOTHER'S MAIDE		
	WAS DECEASED EVE	h Spencer Dres R IN J.S. ARMED FORCES? yasgivewarordalasofserv ca)		Anna Mal	one wood hadris	
	18. CAUSE OF D	EATH [Enter only one cause per	line for (a), (b), and (c).]	-	, , , , , , , , , , , , , , , , , , , ,	INTERVAL SETWEEN ONSET AND DEATH
		H WAS CAUSED BY:  MMEDIATE CAUSE (a) MULT  DUE TO	tiple gunshot	wounds of fac	ce and trunk	ONSET AND SEATH
	Conditions, if any gave rise to immedia (a), stating the un	ata cousa	pr	N-		_
ATION	PART II. OTHER	s GN FICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. EXTERNAL CA PRIMARY OF CO. CAUSE OF DEATH.	NTRIBUTING []		D. (Enter natura of Injury in P	ert I or Part II of stam 18.)	
CAL	20c. TIME OF INJUI		during alter	PLACE OF INJURY (Home, fa		(County) (State)
	Osoo Hour a.m.	Jan. 7 19 61 Whi		home		or Anne Arundel.Md
	The state of the s	at I took charge of the re			Inspection , Inquir	
	death resulted fi		. /	oulcide	Undetermined m	anner
		01		CHIEF MEDICAL	L EXAMINER	_
	ACTUAL SIGNATURE	Charles S.	Talus.	M D ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
	EXAMINER'S	Charles & Day		DEPUTY MEDIC	AL EXAMINER	2 10 1/2

226. NAME OF CEMETERY OR CREMATORY

VS. A15ME 5M 7/59 NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

13 FUNERAL DIRECTOR HARDLETY GALLENSEL LESS

Charles S. Petty

24%, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE

22d. TOCATION (City, town, or country)
ELKCITY RANSAS

Addrass (Street, city, lown, or county)

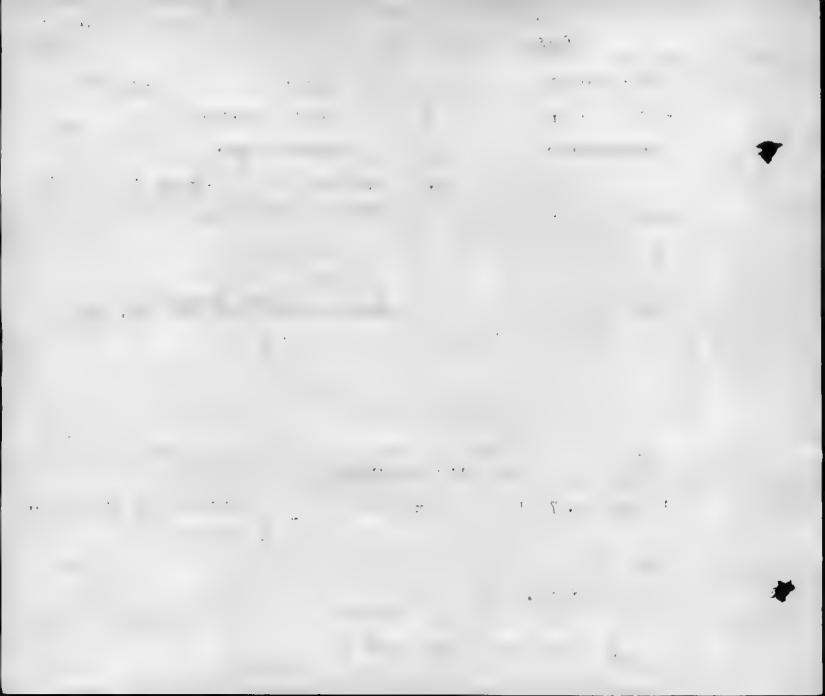
1/8/61

(State)

DATE JAN 16'61 Chilling S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Ras denca before admission) 1. PLACE MF WINTH a. COUNTY b. COUNTY Health, files. 10% Marvland Anne Arundal MARYLAND Anne Arundel b. CITY OR TOWN lif outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 16 write RURAL and give neerest town) rural Churchton Churchton rural IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) STREET ADDRESS ON A FARM? YES NO A Franklin Manor Franklin Manor 4. DATE NAME OF M. ddle Month Year OF DECEASED DEATH (Type or print) Janurey 7 SHIRLEY DRESBACH with with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers 2, and 5 may dd 2 wi last birthdey) Months | Deys WIDOWED [ DIVORCED [ female 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE Page dona during most of working lita, even if retired) Ve Pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address oca He R (Yas, no, or, unkown) | (If yes giva war or datas of service) WoodFING INTERVAL BETWEEN 1B. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple gunshot wounds of trunk Office DUE TO burial o ditions, it any, which gave rise to immediata causa ıØ DUE TO (a), steting the underlying Examiner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81 19. WAS AUTOPSY PERFORMED? should be rial, cremati e word YES 🚘 NO Medical 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Idem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. shot during altercation the Chief A R: Page 3 s | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY (County) (Stata) factory, street, office bldg., etc.) While Not While 10:00 at work home Churchton Anne Arundel 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry I. and in my opinion 0 ecute the certific be forwarded to RAL DIRECT ignated agent, 3 Accident Suicide Homicide -Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) Address (Streat, city, lown, or county) DEP 228, BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) DAKLAWN GE METERY REMOVAL (Spacify) 0 940 p UYId 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Postling & House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

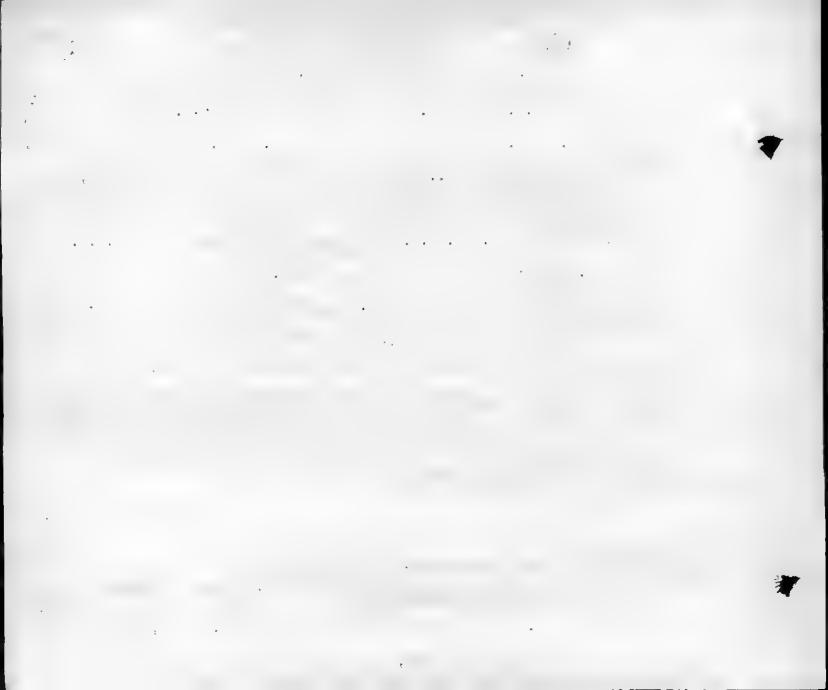
60169

	CERTIFICA	IL OI PLAIII					
1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)					
Anne Arundel	MARYLAND	o. STATE Maryland Maryland Anne Arundel					
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
RURAL and give nearest town]    Dorsev (Handver P.O.)	Yrs.	Dorsey (Hanover P.O.)					
d. NAME OF HOSPITAL (If not in hospital, give street		fi d. STREET ADDRESS e. IS RESIDENCE					
Maple Ave Rt. #	1	Maple Ave Rt. #1 ON A FARM? YES □ NO □					
3. NAME OF First DECEASED	Middle	Losi 4. DATE Month Day Year					
(Type or print) HAROLD	L	DUNKERLY DEATH Juanuary 6. 1961					
5 SEX 6 COLOR OR RACE 7 MARI	RIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.					
Male White WIDOW	ED DIVORCED	11th June 1909 51 yrs. Months Days Hours Min.					
10a, USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	1.8 D. R.R.	Dorsey, Maryland U.S.A.					
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
Chester A. Ounkerly		Cora M. Dunkerly					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) [ [if yes, gave wor or dates of service]	SOCIAL SECURITY NO. 17. IN	FORMANT Address					
no //// 21	2 03 5843 M	r. Norman Dunkerly (son) Same As #2					
18. CAUSE OF DEATH [Enter only one couse per la	ne for (a), (b), and (c) ]	INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY:	17-57206	ONSET AND DEATH					
DUE TO							
Candidate of any outing	Loca	ral Mastasis 6 m					
gove rise to immediate (							
couse (o), storing the under-	Med	Condia chy 22					
101	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19. WAS AUTOPS					
PART II. OTHER SIGNIFICANT CONDITIONS		PERFORMED? YES NO [[					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d I		ACE OF INJURY (Home, form, 20f (City or town) (County) (State					
20c. TIME OF INJURY Month, Doy, Year 20d I Hour o.m., While of wor	IAOL MUILE	ctory, street, office bldg., etc.)					
21. I certify that (I) (this haspital) attend	led the deceased from a	6/12 1960, to 2000 6, 1961, that (1) (we) las					
saw the deceased alive and	2 / 2	leath accurred at 1 M, from the causes and an the date stated above					
220. SIGNATUM	and indicate	22b.DATE					
1 Marine	u laquela	M.D PHYS. DIRECTOR PHYS.					
22c. PHYSICIAN'S	A STATE OF THE STA	22d ADDRESS					
NAME (Type) BBB7L	mbzus	1/2 5609 main stallredge					
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, lown, or county) (Stote)					
Burial 10th Jan, 1961	Bethel Ceme	terv Ft. Meade. Maryland					
24 FUNERAL DIRECTOR'S SIGNATURE ///	ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE					
Suchard Y Swallton	len Burnie. M	PATY LAND DATE JAN 12'61 Crithur S. Krus					

the funeral director, 2 should be fited with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be the bespital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages 1 a v. 2 should be filed with the State Board of Health prior to burial, cremating, and in any event, within 72 hours offer death.

VR A15 (4) 15M 9/59



VR A1S (4) 15M 9/59

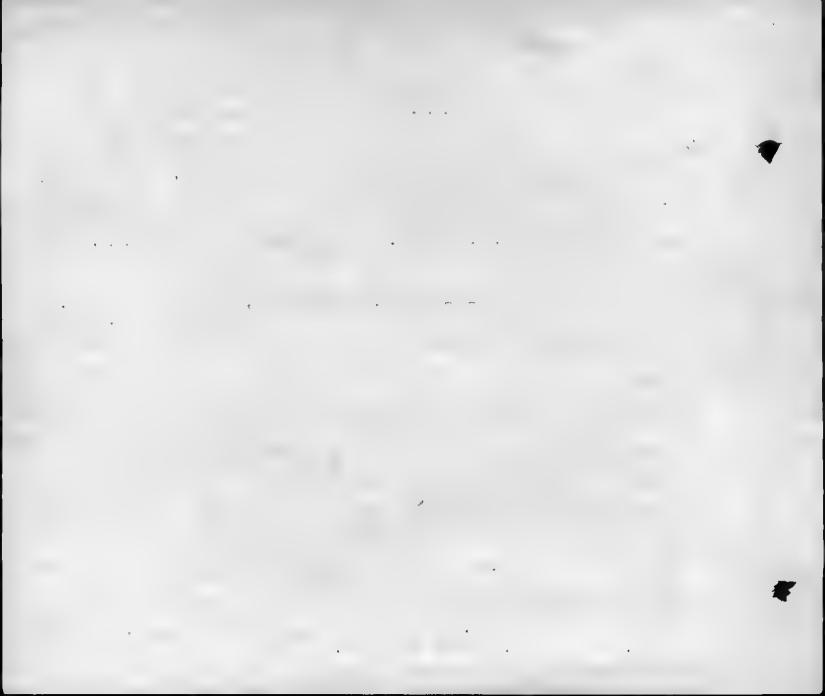
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 101

C0110

		COUNTY Anne Arundel	AND 2	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE D. COUNTY A A A CO									
ı	ŀ	CITY OR TOWN (If outside corporate limit	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
		RURAL ond give negrest town) Arnold		8 mont	hs	X	Arr	old					
	•	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION, Rt # 2 Box 3					d. STREET ADDRESS Rt. # 2 Box 3						
	3. NAME OF First		Middle		Last		4. DATE	Mon	th	Day	Year		
		Type or print)	eor g	te L.		Duv	all	OF DEATH	J	an.	1.6	19 61	
	5 5		_	IED NEVER MARRIED	<u> </u>	ate of birth	41899		9. AGE (In years lost birthdoy) OL yrs	Months Do	_	_	
	10a	USUAL OCCUPATION (Give kind of work of	one 10b	KIND OF BUSINESS OR	INDUSTRY			-		12 CITIZEN	NOF WHAT	COUNTRY?	
		during most of working life, even if retired)  Retired		ruck Mech	anic	Ten	n a			U	SA		
ı	13.	FATHER'S NAME		7 0011 110011		. MOTHER'S		AME					
		Mack Duvall					E.	llen	Lewis				
ŀ		WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFOI	MANT			Add	ess			
	{Yes	(es, no, or unknown) (f yes, give wor or dates of service) 23/-0/-9//6			F	amily			£	bove			
F	T	18. CAUSE OF DEATH   Enter only one co-	use per lin	e for (a) (b), and (c).)							INTERVAL 8	FTWFFN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	Нут	pertensive	Car	dio-v	ascu	lar d	lisease	- '	2_y	D DEATH	
		Conditions, if ony, which ) gove rise to immediate (b)											
		lying couse lost. DUE TO											
3	CAT ON	Part II, OTHER SIGNIFICANT CONI	DITIONS C	ONTRIBUTING TO DEAT	TH BUT NO	related to	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?	
	CERTIFICAT	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OC	CURRED (E	nier nature of	injury in P	art I or Port	II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeo Hour o. m. p. m.	While	Not while		OF INJURY (F , street, office			or town)	(Cou	nty)	(Stote)	
	-	21 I certify that (1) (this hospital	) attend	ed the deceased f	ram S	ent.	10	60 to	Jan.	167	that (I)	(wa) last	
		saw the deceased alive an Jax	1 -	1961, and t		_					1.7		
		220 SIGNATURE	V	7 11 San Old 1	nor dedi	i docorrec	UI SESE	iti, iraiti	me cooses on	d de ine d		2b. DATE	
		akney	X.	all	M.D	ATTENDING	ME DIR	D. RECTOR	STAFF PHYS		1,	/17/61	
		22c PHYSICIAN'S NAME (Type)	T (	Codd, Md.		22d ADDRE	SS						
		Francis	1 0 (	Jour, Mid.		<u> Gov</u>	. Ri	tchie	Hwy	Sever	na P	ark, Mc	
	23a.	BUR AL CREMATION 236 DATE THEREO	F	23c NAME OF CEMET	ERY OR CE	EMATORY		23d. LOCAT	TON (City, town,	or county)	(Sto	ote)	
			31	Annapolis	3 Nat	ional	Cem	. 1	Innapol:	s	1	Md.	
	24.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			250 REC'D	BY REGIST	RAR 25b. REGI	STRAR'S SIGN.	ATURE		
L	(	rbeit A. Barrane	1 3	Severna Pa	ark,	wd.	DATE JAT	V 1 9 '6	1	rt 0 &			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence balors admission) files. Health, e. COUNTY **b.** COUNTY MERVIEND b CITY OR TOWN (if outs de corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If culsida corporata limits, write RURAL and give nearest town) write\_RURAL and give naerast town, 0 D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 814 SILVER SPRING AVENUE DRUNDE L. YES NO X 3. NAME OF Middla 4. DATE DECEASED Fez 9050N (Type or print) DEATH ( NMT ) 16. COLOR OR RACE 7. MARRIED KX NEVER MARRIED B. DATE OF BIRTH AGE (In years ! IF UNDER I YEAR IF UNDER last birthday) | Months | Deys | Hours | Min. WIDOWED [ DIVORCED TO 10a USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country, 1 12 CITIZEN OF WHAT COUNTRY? dona during most of working I fa, avan if ratired) B. Kelly Co. Scotland U.S.A. Bricklaver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MALLIIW FERGUSON CATHERINE WHITELAW 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yas, no, or unkown) [(Ifyasgiva war or datas of servica) 220-38-4394 Mrs. Helen Ferguson, 814 Silver Spring Ave. Silver Spring, Md MIERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par I no for (e), (b), and (c),) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Office DUF TO Conditions, if any, which geva rise to immadieta ceuse DUE TO (e), sletting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81/19, WAS AUTOPSY PERFORMED? cremat NO X should 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 205. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) -- Padestrian CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) 20c. TIME OF INJURY Month, Dey, Year Ф <u>Т</u> (County) (State) Route So 196 Jet work at work should be forwarded to the FUNERAL DIRECTOR: Pa 21. I certify that I took charge of the remains described above, held an Autopsy . ... inspection X and in my opinion Inquiry 1 Accident Su.cide death resulted from: Natural causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOYAL (Specify) FT. LINCOLN CREMATORY 40 8 PRINCE GEO. COUNTY, MARYLAND 24e, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE DATE AN 2 6 '61 VS. A15ME Circhan S. France 5M 7/59



# FOR STATE HEALTH DEPT.

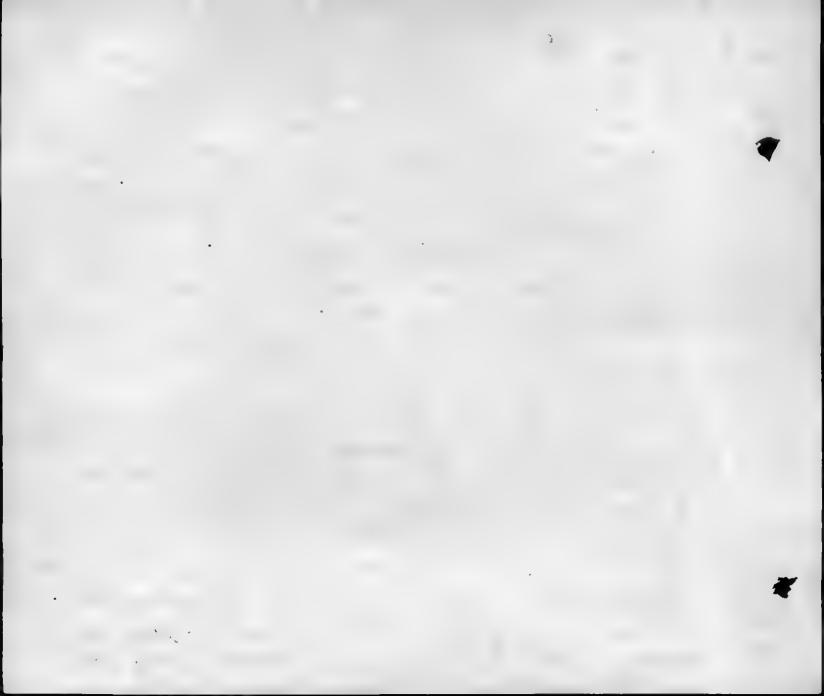
# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND REMEDICAL EXAMINER'S CERTIFICATE OF DEATH

103wedical examiners	CERTIFICATE OF DEATH	OOTTO
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decresed lived, if institutions	Residence before edm ssion)
e. COUNTY	e. STATE	
MARYLAND MARYLAND		
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL e.	nd give neerest lown)
of n r gri, 5 fort	1 Early and the contract of th	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS	I . IS RESIDENCE
		ON A FARM?
ACC H. Ritchife Highway		YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) Putt 17 ica Pierick	OF DEATH Tangen To 4	19.
The second secon	DATE OF BIRTH 19. AGE (In years ) IF UNDER	
6. COLOR OR RACE 7. MARRIED . NEYER MARRIED . 8	lest birthdey Manthal	Deys Hours Min
WIDOWED DIVORCED	" ch 1017 43 ym.   Mainins	
100. USUAL OCCUPATION (Give kind of work   106, KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or fore gn country)   12. CI	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	** * * * * * * * * * * * * * * * * * *	7 M
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
13. FAHILK 3 HAWE	14. MOTHER S MAIDEN NAME	
?	9	
	INFORMANT Address	•
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	. Fr - fart	
- 4	us. a.	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ]		ONSET AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) FULL TOTAL TOTAL  TOTAL	b. c	'-112" " m
UO2 X DUETO		_
Conditions, if eny, which	<u>C19618</u>	y r.3
geve rise to immediate cause (e), stating the underlying DUE TO		
cause lest. (c)		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(e) 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
		YES NO 2
20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	Enter neture of injury in Pert I or Pert II of item 18.)	
CAUSE OF DEATH.		
3 20c, TIME OF INJURY Month, Day, Yeer   20d, INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, form, 20f. (City or town) (Co	unty) (State)
	lary, street, office bldg., etc.)	em)) (Sidio)
p.m. 19 of work at work		
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection X. Inquiry X.	and in my opinion
death resulted from Natural causes [7], Accident . Suic	ide . Homicide . Undetermined manner	7
A Secretary Courses A Secretary Courses	- Land Land	
I with I	CHIEF MEDICAL EXAMINER	
SIGNATURE GUSTANI Atautest	WILD. ASSISTANT MEDICAL EXAMINER [ 1/5/01	DATE SIGNED
	DEPUTY MEDICAL EXAMINER FO	
NAME (Type) Cilitave	Address (Street, city, town, or county)	mi, 7.
220, BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OF		
REMOVAL (Specify)	TO PL 1 1/11	0-
BURIA! 1/10/6/ GREEN M.	OUNT COM. Philapelphia	2 1-A
23. FUNERAL DIRECTOR 4 5 1 0 ADDRESS	24e. REC'D BY REGISTRAR   24b. BZGISTRAR'S !	SIGNATURE

DATE JAN 1

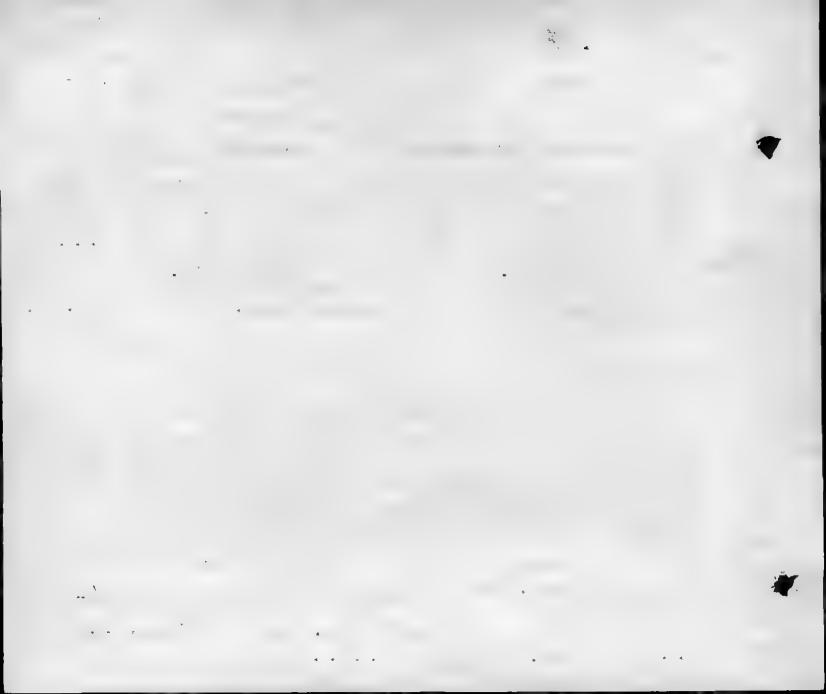
arthur S. Kraus

lay is necessary, al director. Page for your files. TO DEP W. MEDICAL EXAMINER: This certificate should be executed within 24 hours effer death. If any defay is a please exact the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the find direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your Stock to the Control of VS. A15ME SM 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE UMEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH lay is necessity and director. Pege for your files. a. COUNTY a. STATE **b.** COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 16 write RURAL and give nearest town! Annanoli s Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO State Anne Arundel General Hospital Whitney Drive 3. NAME OF DATE Year Month DECEASED OF 3 to the the (Typa or print) DEATH PATRICIA FIGULO 61 y 28 YF UNDER I YEAR Jamiary with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED S SEX B. DATE OF BIRTH IF UNDER 24 HRS AGE (In years may 1 2 with ge 5 may and 2 wit last birthday) Months end Days female White J dawodiw DIVORCED 78 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? Pege ! done during most of working life, even if retired) U.S.A. vull by executed within 24 lloun in pencil in Item 18. Give Pages Home Mouse Wife pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T King. Michael M O'Meara. Flornene form | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) ( (If yas give war or detas of service) Office along with to burial-transit permit smoval, and in any e Riverdale Md. Bro. Mr Walter O'Meara-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Bilateral Pneumonia IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate cause Examiner's -60 DUE TO (a), stating the underlying 98 causa last. pesn should be used lat, cremation, PART I., OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 811 19, WAS AUTOPSY PERFORMED? cute the certificate, writing the word Medical NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) 908 factory, streat, office bldg., etc.) Not While 0 Whila Hour a.m. to the COR: Pa at work at work prior 10 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection forwarded to L DIRECTO Natural causes Tr Suicide Undetermined manner death resulted from. Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Typa) Address (Streat, city, town, or county) DEP 226. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 1 22b, DATE THEREOF 22d. LOCATION [City, town, or country] (State) REMOVAL (Specify) O 240 p Burial Washington. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME W. K. Huntemann & Son. 5732 Georgia Ave N.W. D. C. DATTER 3 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



105

1. PLACE OF DEATH O. COUNTY  Anne Arundel  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Annapolis
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS  33 Jefferson Place  o. IS RESIDENCE ON A FARM? YES \( \sqrt{NO} \)  NO \( \sqrt{NO} \)
3. NAME OF First Middle  OECEASED (Type or print)  Jenny	Lost 4. DATE Month Doy Year FINE DIAM January 11 19 61
	B. DATE OF BIRTH  9. AGE (In years least birthdoy)  April 15. 1898  9. AGE (In years least birthdoy)  62 yrs.
10o. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  House wife own home	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Hurwitz	Yetta (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INI (Yes, no. or unknown)   [Iff yes, give wor or dates of service)	FORMANT Address
	Julius Fine- Husband- same as # 2
TB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Mitashit:	e Ovavian
Canditions, if ony, which gove rise to immediate cause (a), stating the under-	nome 2/2 mg
lying cause last. (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO 4-
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter noture af injury in Port I or Port II af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (Stote) tary, street, affice bldg., etc.)
21 I certify that (I) this hospital attended the deceased from	Nov. 26, 1960, to Jan. 11, 1961, that (1) (36) last
saw the deceased alive an Jan 10 19.61, and that de	eath accurred at M, from the causes and an the date stated abave.  1:15 A.M. 22b DATE
-An: 1/M 1/1,-10	M.D. ATTENDING MED. MED. STAFF   1/11/61
22c PHYSICIAN'S NAME (Type) Frank M. Shipley	22d. ADDRESS 121 Cathedral St., Annapolis, Md.
23g. BURIAL, CREMATION, 23b DATE THEREOF 23g NAME OF CEMETERY OR	
REMOVAL (Specify) Burial Jan-12-1961 Knoseth Israel	
24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Ma.	DATE JAN 16'61 Culling S. Kraus

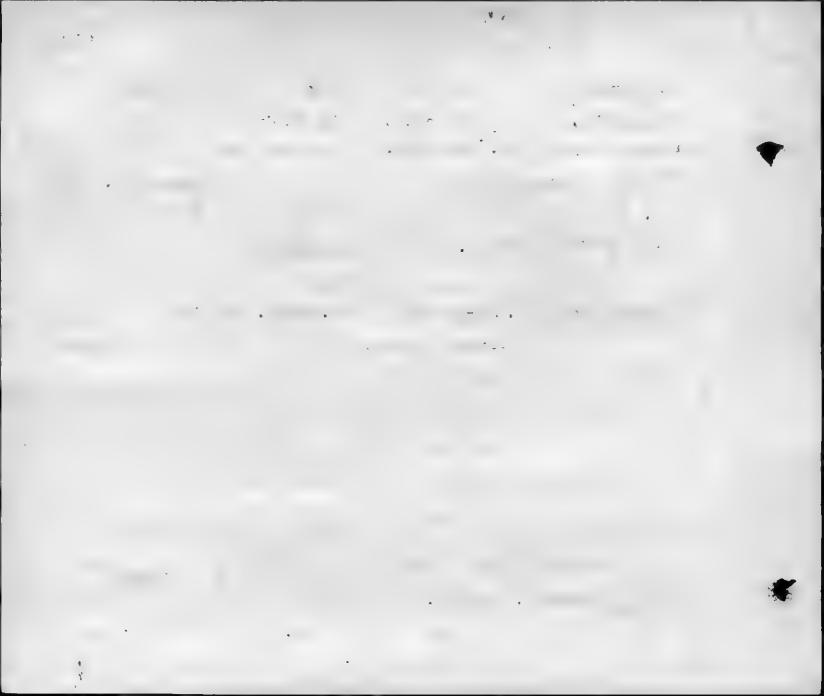


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE aryland o. COUNTY b. COUNTY Anna Arundel MARYLAND Somerset. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Crownsville 9 mos.17 dates Westover e. IS RESIDENCE d NAME OF HC SPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Rt.# 1 Box 138 Crownsville State Hospital YES NO IX NAME OF 4. DATE OF Middle Month Year Day John Allen (Type or print) Finner DEATH 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 17. MARRIED | NEVER MARRIED | 5 SEX 9. AGE (In years last birthday) Days Months Hours Male Negro WIDOWED T DIVORCED | August 1. 1882 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

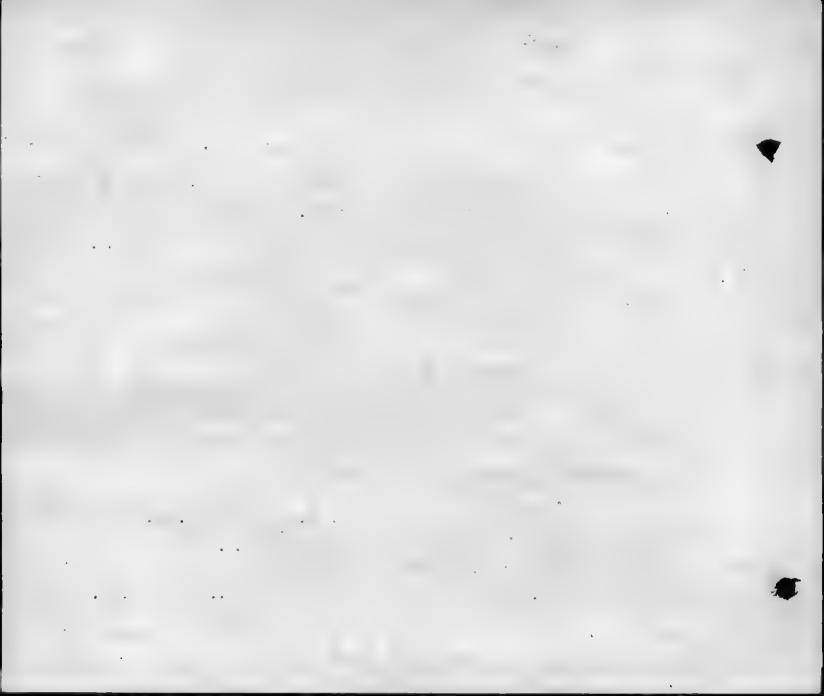
10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Farmer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bob Finney Polly ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address event Hospital Records Unknown ottending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᆲ PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (n) Uremia Chronic Brain Syndrome Associated with è Generalized Arteriosclerosis permit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. certificate has been si e os the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work Tall work p. m \_\_, 19<u>61</u> , that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram. 19 64, and that death accurred at saw the deceased alle M, from the causes and an the date stated above. ed by the IRECTOR: 220 SIGNATURE 22h DATE 5 GNED ATTENDING MED DIRECTOR STAFF M.D. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Benedict. M. D. Crownsville State Hospital. Maryland oy be r 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIAL CREMATION. (State) poge the St REMOVAL (Specify) St. James Shelltown, Somerset, Maryland Buria? 16/61 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) civing & Though 15M 9/59



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FDR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) hi director. Page for your files. Board of Health, e. COUNTY a. STATE b. COUNTY Anne Arundel
CITY OR TOWN (if outside corporate I mits, MARYLAND Same c. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Glen Burnie
d NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) IS RESIDENCE ON A FARM? Baltimore Annapolis Blvd. Marley Park. Idlewood Street Stafe YES 🔲 NO 🙀 relati 3. NAME OF 4. DATE DECEASED the tr (Type or print) DEATH George Wessley Foy January 27th. with 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years ) IF UNDER 1 YEAR I IF UNDER 24 HRS. 8. DATE OF BIRTH may 2 s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours 64 yrs. Months Days Hours WIDOWED [ DIVORCED IDa. USUAL OCCUPATION (G ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page I done during most of working life, even if retired) 18. Give Pages 1 form PM3. Pag Foreman at Gildden Paint Co. USA within. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 是 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give werordales of service) with Yes First World war. 213-07-0768 Mrs. Vera E. Foy (wife) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along burial-transit r ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary Occlusion IMMEDIATE CAUSE (e) Sudden 420, **DUE TO** This certificate should Conditions, if any, which gave rise to Immediate cause #3 Examiner's **DUE TO** (a), stating the underlying Se mount lost. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 the certificate, writing the word NO Medical plnous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or fown) 39e factory, street, office bldg., etc.) While Not While Hour a.m. to the COR: Pa at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy [ Inquiry T Inspection T and in my opinion agent, Pe E Natural causes Y Suicide Undetermined manner death resulted from: Accident Homicide | forwarde L DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE 1/27/61 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Gustave H. Faubert M.D. Addr 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, Jown, or county) 228. BURIAL, CREMATION, 225 DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) Baltimore Burial 40 Bal**bi**more em 23. FUNERAL DIRECTOR ADDRESS 24a REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Glen Burnie. Chalma & Frank 5M 7/59



STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution; Residence before admission) a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. CITY OR TOWN (I outside corporate limits, write RERAL and give hearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Annapolis days RURAL - Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tel, give street eddress) d. STREET ADDRESS m. IS RESIDENCE ON A FARM? Anne ARundel General Hospital 14 Bancroft Ave., Bayridge YES NO X 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Garfield GAMBLE 19 January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months Hours Male White WIDOWED TO DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retirad) U.S. England 1001 14. MOTHER'S MAIDEN NAME FATHER'S NAME aftending pl <u>.</u> 16, SOCIAL SECURTY NO 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yas give wer or detay of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 1 19. WAS AUTOPSY PERFORMED? SEOZIAVELS SENEVALANDE OF PART YES X NO 200. ACCIDENT WAS (IF EITHER, NOTIFY Menth, Day 20d INJURY OCCURRED 20g, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (State) factory, street, office bidg., atc.) While at work 21. | certify that (I) (MK) more kat) attended the deceased from Jan. 18. 19.61, to Jan 21 ..., 1961, that (1) (25) last Jana 21, 1961, and that death occured at 23M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. PHYS. CIAN'S 22d. ADDRESS NAME (Type) Harold R. Bohlman 98 Cathedral St., Annapolis, Md. 23s. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OF CREMATORY (Stata) ခိုင္မ 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 9/60 . DAMIN 25

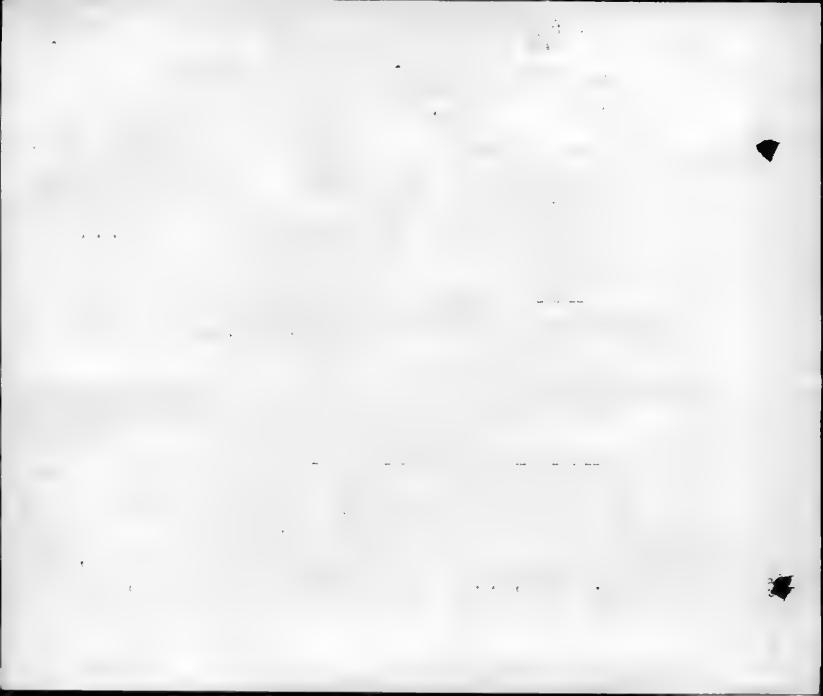


		. 109	CERTIFIC	AIE	OF DEATH	+			LOU	7 8		
	PLACE OF DEATH A	nne Arundel	MARYLA	li li	usual residence (Wile o. STATE Maryla		lived If institution b COUNTY		nown	imission)		
	RURAL and give ne	outside corporate limits, w orest town) Crownsville	9 mos.23 de		c city or town (if a <b>Unknown</b>	outside corpoi	role limits, write Ri	JRAL and gi	ve negrest	town)		
	OR INSTITUTION	AL (If not in hospitol, give s ville State 1			d STREET ADDRESS Unknown	2	37.	1	0	RESIDENCE N A FARM? S NO [7		
	NAME OF DECEASED (Type or print)	First Mark	Middle		Garrett	4. DATE OF DEATH	Mont	th	Day	Yeor 19 <b>61</b>		
	sex M <b>ale</b>	Morro	MARRIED NEVER MARRIED		ATE OF BIRTH		9 AGE (In years pointhday) yrs			INDER 24 HR		
00	du Cosciliani	N (Give kind of work doneing life, even if retired)	TON KIND OF BUSINESS OR III	NDUSTRY	11 BIRTHPLACE (Stote Marylar		ountry)		S.A.	AT COUNTRY		
13	FATHER'S NAME  James	Garrett		1	Mary Poses							
15 (Ye		R IN U.S. ARMED FORCES? If yes, give wor or doles of service;		17. INFOR	mant spital Reco	rds	Addr	ess				
		TH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Ty, which (b)  DIME TO	er line for (o), (b), and (c).]  Arteriosclero	otic	Cardiovascu	ular D	isease	- E		L BETWEEN AND DEATH		
IFICATION		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPERFORMED YES NOT										
206 ACCIDENT WAS UNDERLY NG   206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY PROBLEM EXAMINER)  206 TIME OF INJURY Month, Doy, Year 206 INJURY OCCURRED While Not while of work of work of work of work							(Co	ounty)	(Stot			
	21 I certify tha saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive on 1/1/	tended the deceased from 1961, and the M.D.	om 1/ nat deat	-	ED IRECTOR		d on the	date sto	1961 <sup>NE</sup>		
	BURIAL, CREMATION REMOVAL (Spec.fy)	5-1-61	University	RY OR CE	md	Balt.	TION (City, town, o			(Stote)		
_	FUNERAL DIRECTOR'S	s signature rtuary	Anna, md			JAN 6	'61	STRAR'S SIG				

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Bours after death. Rage TO HOSPITA; OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in may be the base of the hospital at attending physician.

TO FUNERAL SIRECTOR. After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 the State Board of Health prior to burial, cremation, at remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH havrs after death. Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) c. COUNTY b. COUNTY Anne Arundel Anne Amundel MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c City OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 11 days RURAL - Edgewater Annapolis d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE 감 OR INSTITUTION ON A FARM? Rt-1, Box-406F YES NO DO Anne Arundel General Hospital NAME OF DECEASED Middle 4. DATE Manth Year (Type or print) GASS DEATH 12 19 61 Raymond January IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years completely last birthday) Months Days Hours DIVORCED [ Male White WIDOWED | YI'S 12. CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S. Washington, D. C. guq 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician E remove Arldress 16. SOCIAL SECURITY NO. attending INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 206. ACCIDENT WAS UNDERLYING [7] certificate OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (State) Day, Year factory, street, office bldg., etc.) Hour a.m. While Nat while at wark at wark 21. I certify that (1) (this provided) attended the deceased from Jan 1, 1961, to Jan 11, 1961 that (1) (Val last saw the deceased alive an Jan. 1961, and that death accurred at .... M, from the causes and an the date stated above DIRECTOR: 6:20 A.M. 22b. DATE 22a SIQNATURE / ATTENDING . SIGNED MED DIRECTOR STAFF PHYS 72c PHYSIC AN'S 22d ADDRESS NAME (Type) TO FUNERAL Cathedral St. Annapolis, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . 23d LOCATION (City, town, or county) (State) 7256, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR



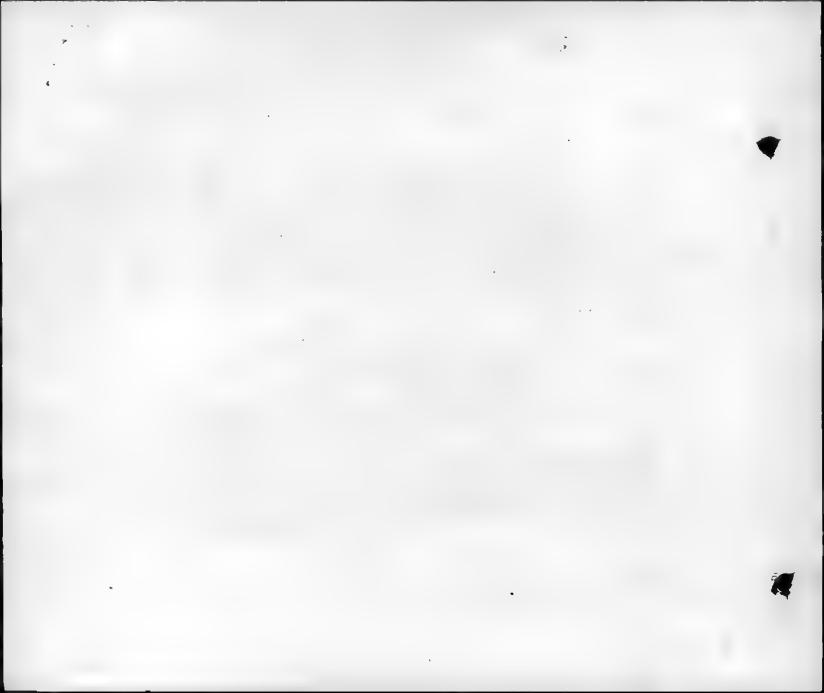
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

20110

1	CERTIFICATE OF DEATH	OUTTA
1)	1. PLACE OF DEATH  COUNTY  Anno Anno Anno Anno Anno Anno Anno Ann	Residence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  A machalis	)
10	d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION A A . Com I . Hospital give street address)  3. NAME OF First Middle A last 4. DATE Month	e, IS RESIDENCE ON A FARM? YES NO
	(Type or print) Elwan E- Giddings DEATH January	
,	The state of the s	Months Doys Hours Min.
	100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  Care to ker ( 1-7)  H J-Mc ( rath Co-)  Erc ord	12 CITIZEN OF WHAT COUNTRY
	13 FATHER'S NAME Charles 6.1 ddings 14 MOTHER'S MAIDEN NAME Seizh Goodman	
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO 17 INFORMANT  (If yes, give wor or dates of yervice)  4 TO 2	ime As#2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Count (b) and (c).]	INTERVAL BETWEEN ONSET AND GEATH
	conditions of any which) Oble to Brochington	Ityn.
	gove rise to immediate cause (a), stating the under- lying cause last  (c) acute Lift pyeller the	?
-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN CALL	V IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1-10-110
th.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Manth, Day, Year Hour a. m.  19 While of work of wo	(County) (State
	21 I certify that (I) (this hospital) attended the deceased fram. 1.6 - 6 - 19 to 1.6 - 6 - 9 saw the deceased alive an 1.6 - 6 - 6 - 9 and that death accurred at 2.7 mm the causes and	on the date stated above
	220 YGNATURE  ATTENDING MED STAFF PHYS   M D PHYS PHYS   OF DIRECTOR PHYS   OF DIRECTOR   OF PHYS    OF PHYS   OF PHYS    OF PHYS    OF PHYS    OF	226 DATE SIGNED
	22c PHYSICIANS  LIAME (Type) KM. Sleibley anapole; send	Annaham - ways - to an
	230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by fown, or REMOVAL (Specify)	county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR 256. REGISTRAR	RAR'S SIGNATURE
	A losing titon Gen 104 mil 111. DATE JAN 12'61 and	The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page-4-11 may be to be the hospital or oftending physician

TO FUNERAL SIRECTOR: After this calificate has been signed by the oftending physician and completely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 at should be filled with the State Board of Health prior to buriol, cremofian, or removal, and in any event, within 72 hours of the death. VR A15 (4) 15M 9/59



executed within 24 haurs after deoth

PLACE OF DEATH

CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on)
 O. STATE

1	AU	me Arunuer		MARTLAND		Mary	Land		K	ent				
	b CITY OR TOWN (II RURAL and give no	autside carparate limit	s, write	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest t									
		ownswille 9 mos. 26 days Chestertown												
	d NAME OF HOSP T. OR INSTITUTION	AL (If nat in haspital, g	ive street			STREET ADDRESS		1/1	Contague		e IS RES	IDENCE FARM?		
		ville Stat	е Но	spital		333 Canon S	Stree	t 17	1	- 2	YES [			
	3. NAME OF DECEASED	First		Middle	Middle Last 4. DATE Me				inth Day		у	Year		
	(Type or print)	Fannie			Gland		DEATI	и 1		8 1961		1961		
	S SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	B DAT	E OF BIRTH		9. AGE (In years	IF UNDER					
	Female	Negro	WIDOW	DIVORCED [	Fel	18767 18	396	66 85/2 yrs	Months	Days	Hours	Min		
	10a USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	Jane 10b.	KIND OF BUSINESS OR IND	USTRY 1	1 BIRTHPLACE (State	ar foreign	country)	12 CIT	IZEN OF	WHATC	OUNTRY		
	Domestic	ing me, even it terned,		Unknown		Maryland				U.S.	A.			
	13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME							
	George 1	Mitchell				Fannie ?								
	15. WAS DECEASED EVE	EIN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORM			Addi	Address					
	(Yes, no, or unknown)	If yes, give war or dates of a		Inknown	Hos	spital Reco	ords							
	18. CAUSE OF DEA	TH [Enter anly one ca	use per lin	ne far (a), (b), and (c).]							RVAL BE			
	PART I DEA	TH WAS CAUSED BY:	E	leart Failure						ONS	ET AND	DEATH		
	. 1													
	Canditions if or	Canditions, if ony, which ) Chronic Brain Syndrome associated with												
	gave rise to in	gove rise to immediate Generalized Arteriosclerosis												
		cause (a), staling the under												
	PART II. OTH									,,,,,	PERFO YES [	RMED?		
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFI	S UNDERLYING T	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Ent	er nature af injury in l	Port Lar Pa	ort II af item 1B }						
		MEDICAL EXAMINER)												
		Y Manth, Day, Yea				F INJURY (Hame, form treet, affice bldg., etc.		ty ar tawn)	(	Caunty)		(Stat		
	₩ pm.	19		k at wark	ocidi),	reer differ olds. Let	'							
	21. I certify tha	t (I) (this haspital	) attend	led the deceased fram	3/	1.2/ 19	54 . to	1/8/	196	1 th	at (I) (	wel la		
			8/_	7 TOI and that	death									
	22a SIGNATURE	111	10	4			P.M.					b DATE		
		1 19/1/1/	1.11.	4	MA	ATTENDING MI	ED PECTOR P	STAFF DHYS	1/9/	61		SIGNE		

22c PHYSIC AN'S NAME (Type)

Benedict, M.D.

22d ADDRESS

Crownsville State Hospital, Maryland

BURIAL, CREMATION REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY ADDRESS

23d LOCATION (City, lawn, or county)
Chestertown, Md. 25a. REC'D BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE JAN 1 6 '61

arthur S. Thomas

(State)

TO FUNER. VR A15 (4) 1SM 9/59

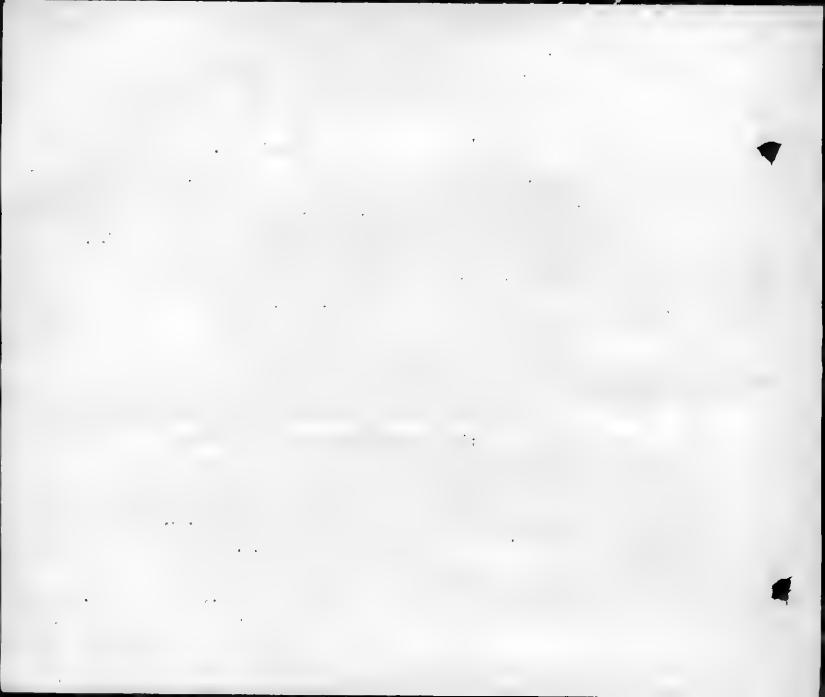
RECTOR: After this certificate has been signed by be detached for use as the burial-transit permit.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00121

		£13 CERTIFICATE OF DEATH	0.075.07
1	1. (	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Resident of STATE  b. COUNTY	ce befare admission)
		Anne Arundel Maryland 6. COUNTY Anne	Arundek
		o. CITY OR TOWN (If outside carparate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carparate limits, write RURAL and RURAL and give nearest town)	give nearest lawn)
. 11 3		Annapolis Annapolis	
-		d. NAME OF HOSPITAL (If not in hospital, give, street address) OR INSTITUTION (Dead on arrival)	e IS RESIDENCE ON A FARM?
		Anne Arundel General Hospital 1 605 Burnside St.	YES NO
		NAME OF First Middle Lost 4. DATE Month OF OF	Day Year
	1	Type or print)  E] 18  GORRELL  DEATH  January  EX  6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH  9. AGE (In years   IF UNDER	3 19 6.
	S :	last pirthday) Manths	Days Hours Min.
	100		IZEN OF WHAT COUNTR
	,	House Maryland  House Maryland	U.S.
	13.	FATHER'S NAME	
		OLAF KLAKRING LOUISA JAMES	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
	Ye	NO III yes give war or dotes of service) MR IRA L. GORRELL #2	
	=	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cornnary thrombosis	ONSET AND DEATH
ì	1	4 DUE TO	2
,	ł.	Canditions, if any, which ) (b)	
~		gave rise to immediate Course (a), stating the under-	
	_	lying cause last (c)	
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
	ICA.	diabetes mellitus, bilateral nephrosethiasis	YES NO
	CERTIFI	206 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of Item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	factory street office bldg at 11	Caunty) (Sta
	WED	Haur o. m.  While Nat while of work at	
		21 I certify that (I) (this haspital) attended the deceased from May 19.57, to Jan. 3. 196	L_, that (1) (後) 1c
		saw the deceased alive an. Jan. 3. 1961, and that death accurred atM, from the causes and an the	
		220 SIGNATURE LL:00 A.M.	226, DATE SIGN
1		JOURNAUCE M.D. PHYS. DIRECTOR PHYS	
•		22c PHYSICIAN'S NAME (Type) Samuel Borssuck 22d. ADDRESS	
	_	RIMOS GATTELL DIVO., ANNAPOLIS	_
	230	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county)  1-5-1961 HILLCREST MEM. ANN POLLS	(State)
	24	ADDRESS AND	GMATURE
-		FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SI DATE AND DATE OF SIGNATURE 250 REGISTRAR'S SI	Thank
No.	V	DUN III WALL SOND LINALI CTID I IN DAIR	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before admission) al director. Page for your files. a. COUNTY e. STATE **b.** COUNTY b. CITY OR TOWN (if outside corporeta limits, MARYLAND nea And her if c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Jame d. STREET ADDRESS a. IS RESIDENCE deth. If en, de stelle Branch State Branch Charles ON A FARM? YES NO TO Old will Ed. Midd a 4. · DATE Year DECEASED OF (Typa or print) DEATH waron wylvester Creen 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years may b This certificate should be executed within 24 hours are as word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 and Examiner's Office along with form PM3. Page 5 may are Examiner's Office along with form PM3. Pages 1 and 2 within 72 hours lest birthday Months | Days Hours WIDOWED [ DIVORCED 10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Pasadena. Nd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME irnest Green Dolores Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (Ifyasgive war or dates of service) Examiner's Office along with ice used as a burial-transit pormit ation, or removal, and in any e Parents. 18. CAUSE OF DEATH [Enter only one cause par I ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sufferation to IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C PUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem gave rise to immadieta ceusa DUE TO (e), stating the underlying ceusa last. PART L. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART L. CERTIFICATION 19. WAS ALTOPSY PERFORMED? NO 70e. EXTERNAL CALSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY M or CONTRIBUTING CAUSE OF DEATH. condition of his less thick he red 20c. TIME OF INJURY 1 20d. INJURY OCCURRED Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Not While fectory, street, office bldg., etc.) While et work et work\* Fava 'cna Inspection v. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident death resulted from: Natural causes Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE A DEPUTY MEDICAL EXAMINER FT **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Magothy, A. A. Co., Md. Mt. Zion Church Cem. 0 ₽40 g Burial 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **V5. A15ME** DATE JAN 2 7 '61 arthur & Thouse. saiah L. Brown, Baltimore, 30, Md. 5M 7/59



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before edmission) ay is necessary did director. Page e. COUNTY a. STATE b. COUNTY pne : Trundel MARYLAND Jame Sama b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Pasadena ly year Same d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) State 3. NAME OF Middle 4. DATE Month DECEASED OF ‡ (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX B. DATE OF BIRTH AGE (In years F UNDER 1 YEAR may 2 lest birthdey Months WIDOWED [ DIVORCED [ 24 hours after 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s 1 and done during most of working life, even if retired) Give Pages Laborer pages I 14. MOTHER'S MAIDEN NAME 13. FATSIFE COAMET PM3 Laura White Ernest Green 0 = certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address in Item 18. permit. [Yes, no, or unkown] (Ifyasg yewarordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] transity and and Office along a burial-fransi PART I. DEATH WAS CAUSED BY: Suffocation by smoke IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate ceuse Examiner's ro-DUE TO (a), stating the underlying causa lest, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. 19. WAS AUTOPSY 2 le word Medical should 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18.) 20e EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING Was transed on the second floor of a house that hurned CAUSE OF DEATH. Chief 3 age 3 a cute the certificate, writing 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 1 2Df. (City or town) 2Dc. TIME OF INJURY Month, Dey, Yeer the Chir factory, street, office bldg., etc.) While Not While at work at work 0 25 forwarded to t Inspection Inquiry : agent, Natural causes Accident [7] Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 226 NAME OF CEMETERY OR CREMATORY DEP 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH 40 6 Buwial Mt Zion Church Ct Magothy A A Co Me 0

ADDRESS

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Juccen

PERFORMED?

and in my opinion

DATE SIGNED

(Stelle)

NO Z

Devs

(County)

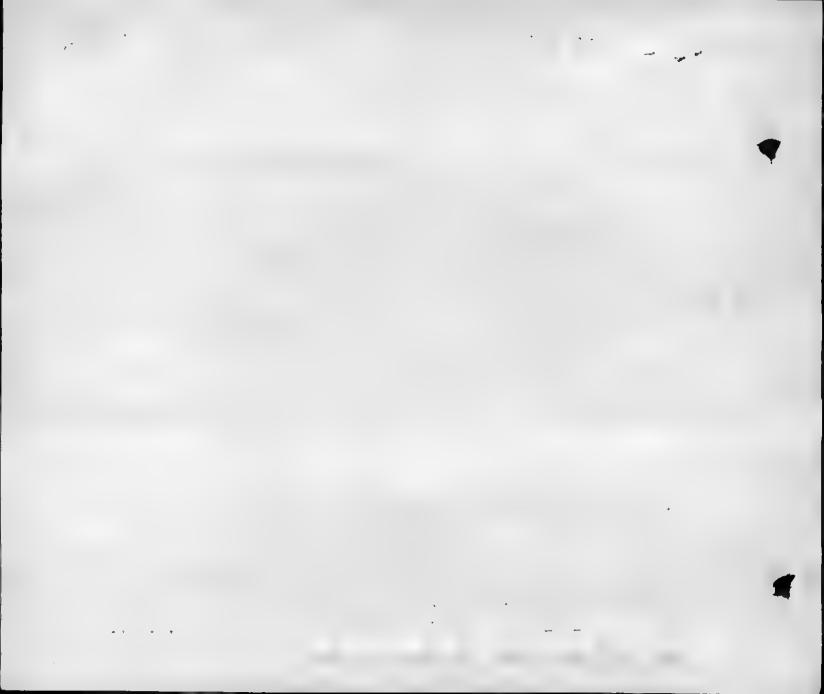
autur & Truck

IF UNDER 24 HRS.

ON A FARM? YES NO

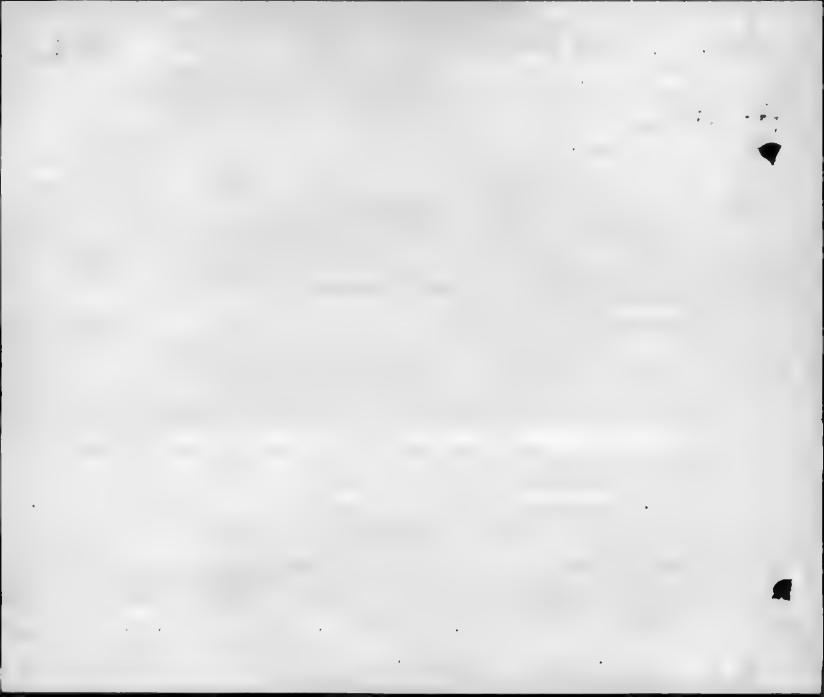
VS. A15ME 5M 7/59

23. FUNERAL DIRECTOR



W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY SalleCOUNTY nno Arundel MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL end give neerest town) write RURAL and give neerest fown) Life asadona d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO [] 3. NAME OF **AAustolia** 4. DATE DECEASED Parnell Avery Green (Type or print) DEATH ] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and 2 w may 2 wit last birthdey) Months! Days WIDOWED [ DIVORCED 10a USUAL OCCUPATION (Give kind of work ! 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. C.TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laltimore City ive Pages PM3, Pac permit file pages In any event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give Ernest Green Dolores Farker form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) The Tarests 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN along ONSET AND DEATH PART I DEATH WAS CAUSED BY: Tifro tian 1 v stor ac' IMMED. ATE CAUSE (e) Office a DUE TO gava rise to immadiate ceuse DUE TO (a), stating the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1 0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 28 NO K Medical YES pluods 20a. EXTERNAL CAUSE WAS 1 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the Ch. 20c, TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (Steta) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection | jt. Ingu ry and in my opinion forwarded to Accident 14. death resulted from. Natural causes . Suicide | | Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL reclase ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER [X] EXAMINER'S A 1 55 NAME (Typa) Addres OF CEMETERY OR CREMATORY Addrass (Streat, cfty, town, or county) DEP 228. BURIAL CREMATION 1 226, DATE THEREON 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Mt. Zion Church Cem. burial Magothy, A. A. Co., Md. 40 9 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Isaiah L. Brown, Baltimore 30, Md. DATEJAN 2 7 '61 Chilling S. Krave 5M 7/59 1099279XV5

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) lay is necessary, al director. Page for your files. Board of Health, . COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate | mits. c. CITY OR TOWN (If outs'de corporete limits, write RURA» end give neerest town, I c. LENGTH OF STAY IN 16 write RURAL and give negrest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress thours after death. If any of Pages 1, 2, and 3 to the of 1, 2, and 2 with the State of 1 and 2 with the State of 2 with the State of 1 and 2 with the State of 2 and 2 an 3. NAME OF M.ddle 4. DATE DECEASED OF (Type or print) DEATH Jeweline Cynthia Green 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED [ DIVORCED T 106, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 10e. JSUAL OCCUPATION (Give kind of work 3. Page done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ă.} Ernest Green D lores Park File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no. or unkown) | (Ifyesgivewerordelesofservice) Examiner's Office along with a used as a buriel-transit permi in pencil in Item 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. suffication by sales IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause "pending" DUE TO (a), stating the underlying cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) 19. WAS AUTOPSY 2 cute the certificate, writing the word Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.1 PRIMARY ET or CONTRIBUTING CAUSE OF DEATH. 20d, INJURY-OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 3 fectory, street, office bldg., etc.) , While Not While 1 a - 0 - 40,m. - / 2021 1 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry I. death resulted from. Natural causes Accident III Suicide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Custave L. rantes L. Address (Street, city, town, or county) T 22c. NAME OF CEMETERY OR CREMATORY DEP 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Magothy, A.A. Co., Md. Mt. Zion Church Cem. g 40 g Burial 23. FUNERAL DIRECTOR ADDRESS. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Isaiah L. Brown, Baltimore 30, Md. arthur & Hours 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

 IS RESIDENCE ON A FARM?

YES NO TO

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO TH

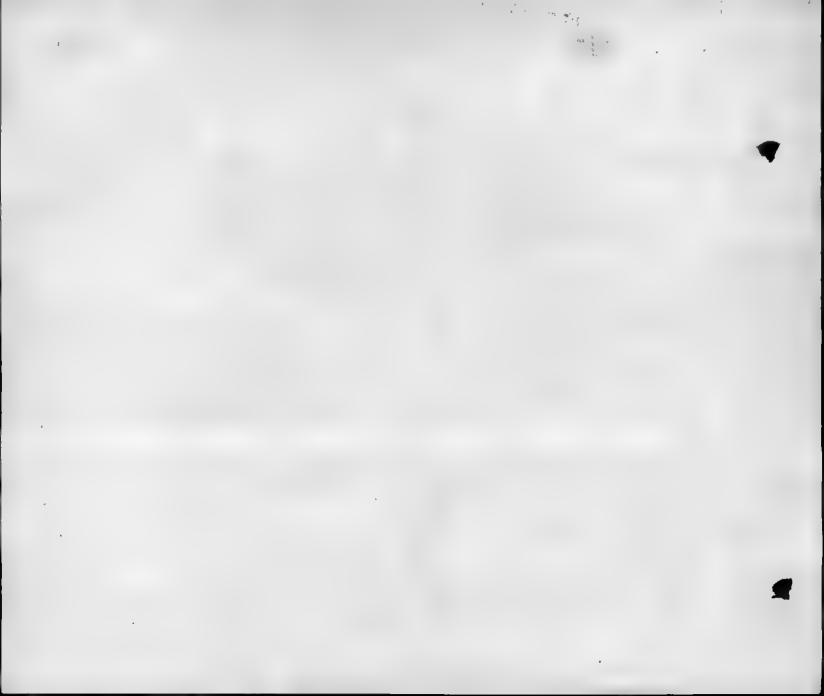
and in my opinion

DATE SIGNED

in / n

1 12. CITIZEN OF WHAT COUNTRY?

Devs



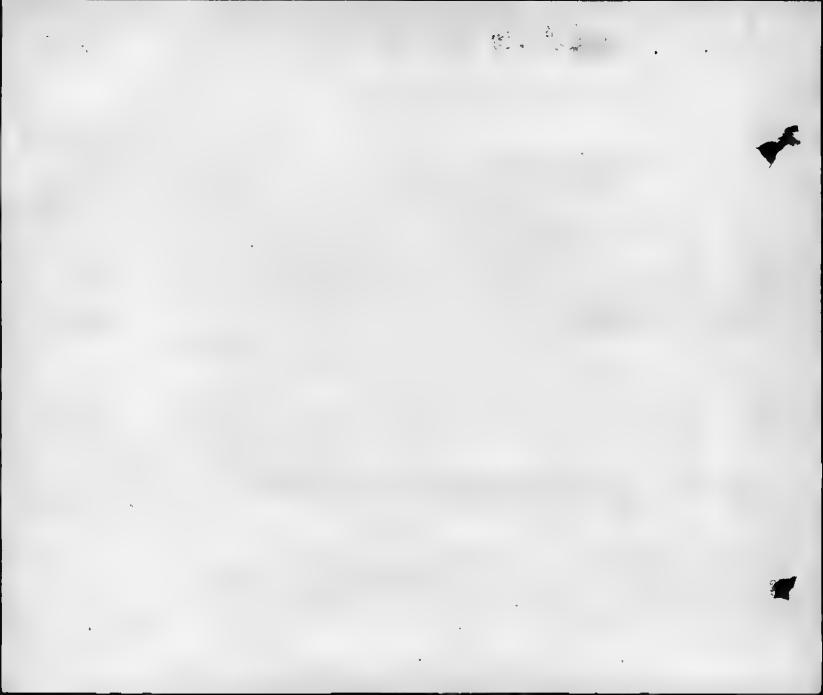
# FOR STATE TO DEP MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any is necessary, please excute the certificate, writing the word "pending" in pencil in Itam 18. Give Pages 1, 2, and 3 to the said director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Tym PM3. Page 5 may be retain to row riles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit page. It lie wages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 112

1. FLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)  a. STATE  b. COUNTY
MARYLAND MARYLAND	Care Comment
b. CITY OR TOWN (if outs'da corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
Wild KOKKE and give reades lowny	7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d STREET ADDRESS , a. IS RESIDENCE
# ^ 74 M	ON A FARM?
3. NAME OF First Middle	Lest 4. DATE Month Day Tyear
DECEASED	○ F
(Type or print) Farily Allian Cron	DEATH 1/20/41 19
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED E	
O WIDOWED DIVORCED	70/3/5th Days Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY   11 BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	lasticro, d. Juni
13. FATHER'S NAME	1.14. MOTHER'S MAIDEN NAME
1	
Triest Green  1s. was deceased ever in u.s. armed forces? 16. social security No. 177.	Dolores Parker
(Yes, no, or unkown) [[fyesqivewerordatesofservice]]	
No None	The Jarents
18 CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY Green cation by so	o'ic Sudden
THE CONTRACTOR	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
gave rise to immediate ceuse	· ·
(a), stating the undarlying DUE TO	
cause lest. (c)	ATT F & T CALLERY AND THE SECOND STATE OF THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8 19 WAS AUTOPSY PERFORMED?
PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. ()	YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	Entar neture of injury in Part I or Part II of Item 18.)
CAUSE OF DEATH.	of 27 gently and of the fire
1 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED , 20a, PLA	CE OF INJURY (Home, farm, 20f., (City or town) (County) (State)
Hour a.m. ,   WhileNot While No	tory, street, office bldg., atc.)
	ald an Autopsy, Inspection, Inquiry, and in my opinion
death resulted from. Natural causes, Accident, Suic	ide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Guelane Theanhe duly	ASSISTANT MEDICAL EXAMINER DATE SIGNED
·	DEPUTY MEDICAL EXAMINER [N 1//.]
EXAMINER'S NAME (Type)	Address (Street, city, fown, or county)
NAME (Type)  22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Spacify)	R CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 1-27-61 Mt. Zion Chur	
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
20. TOTAL STREET ON	
Isaiah L. Brown, Baltimore 30, Md.	DATE JAN 27'61 Cother & Headed



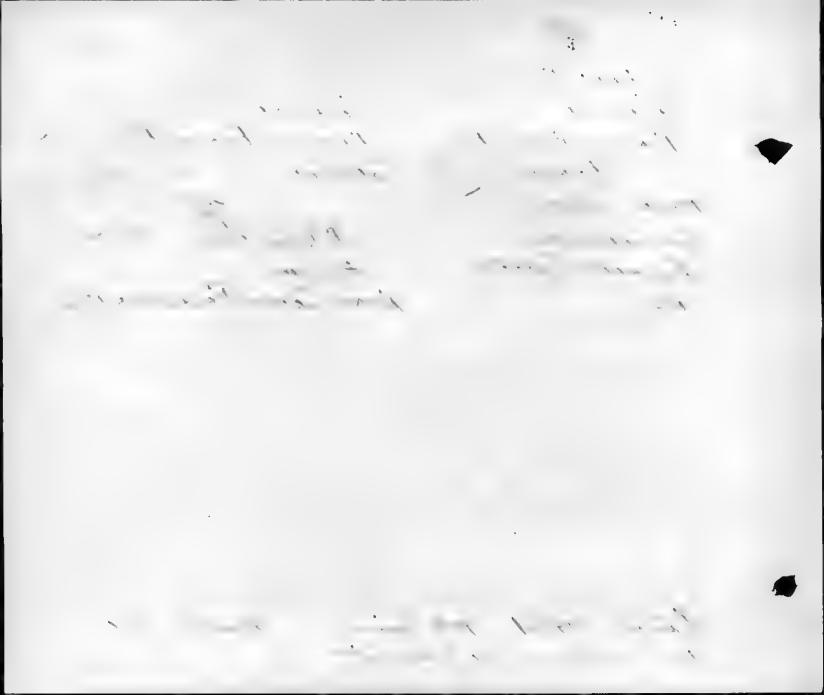
TO HOSPIT

VR A15 (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 119 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00128

	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  a. STATE  b. COUNTY
	a COUNTY ANNE ARUNDEL MARYLAND C. STATE MID b. COUNTY a. a. c.o.
	b CHY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RERAL and give nearest town)
	PASADENA PASADENA
ľ	d. NAME OF HOSPITAL (If not in hospita), give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	BAYSIDE BEACH RO BOYSIDE BEACH R) YES NOX
	NAME OF DECEASED First Middle Last 4. DATE Manth Day Year
	(Type or print) NOBERT & GREEN DEATH / 10 1961
	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
4	1996 (Older) WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign contry)  12 CITIZEN OF WHAT COUNTRY (1) BIRTHPLACE (State or foreign contry)
	GEN. LABORER M.H.CO. MY YNN
	3 FATHER'S NAME
	RICHARD GREEN F/134
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, gr ug/nown) (If yes, give wor or dates of service)
	NO HANNIE GREEN PASADENA MI
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. I Cute pulmenary leteral 24 turns
	DUE TO A-t-1 A-17
	Conditions, if any, which gave rise to immediate (blill Welle Coll relie Cultillo Va. Thular little It 3 years
1	cause (a), stating the under-
	lying cause lost. ) (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED?
	YES NOTE TO A COUNTY WAS UNITED VIOLED TO THE PROPERTY OF THE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOT ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTIO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  While Nat while of wark at wark
	Hour a. m. While Not while factory, street, office bldg., etc.)
1	21. I certify that (1) (this haspetpl) attended the deceased from the by 2 1950, to total. 10 1961, that (1) (we) las
1	saw the deceased alive an Little 4 1961, and that death accurred at 21, M, from the causes and an the date stated above
1	220 S GNATURE / 226. DATE
1	CR-M. M. Frienkliez MD ATTENDING MED DIRECTOR D PHYS 1/10/6/PH
	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS NAME (Type)
	13.16. Michaughlin 3708 Moundary Rd Poyadina, Mig
f	23d SORIAL CREMATION, 23b DATE THESEOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
	Junil 1/4/61 my sum massly for
1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE
X	Jano Sect Horago (38 ) Gelmon JO DATEJAN 13 '61



### FOR STATE HEALTH DEPT.

TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any "list is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the to all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form EM3 Page 5 may be refair. For your files.

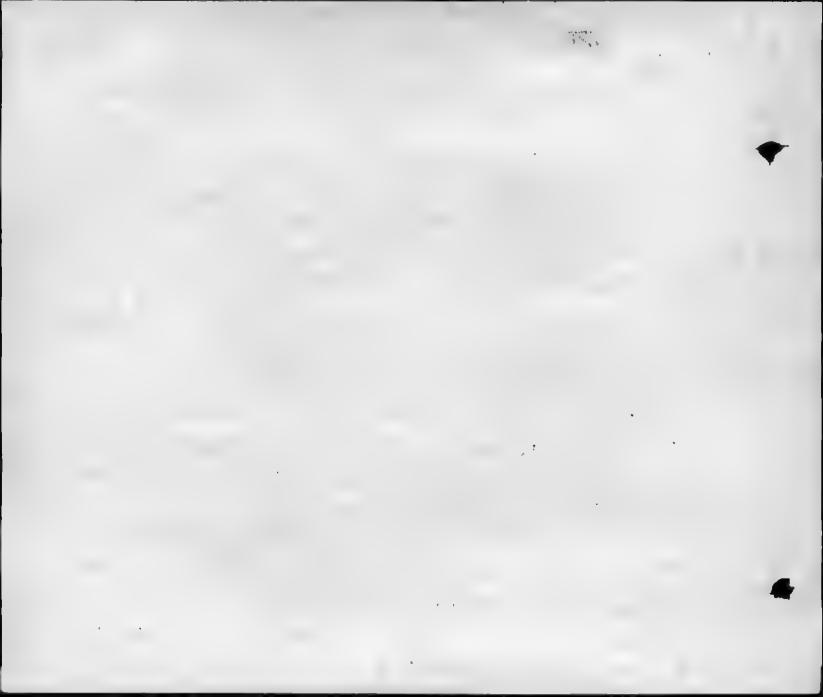
IO FUNETAL DIRECTOR: Rage 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. VS. ATSME

5M 7/59

The state of the s				
MARYLAND	STATE	DEPARTMENT	OF	HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1) 127

ī	PLACE OF DEATH		2. USUAL RESIDENCE (W)	hare daceased lived, If institution Re	sidence before admission)
	Anne Angra-I	MARYLAND	a, STATE	b. COUNTY	
	PM MTT	c. LENGTH OF STAY IN 16		la corporate limits, write RURAL and	give nearest town)
	MAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS		e. S RESIDENCE
	.// 1/2 018 11		l James		YES NO -
	NAME OF First	M ddle	Last 1 4, Da		Day Year
	DECEASED (Type or print)	lr Gran	, Oi	EATH ~/CC/	19
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
	E C MIDOMED	DIVORCED	9/12/57	3 угз.	Bys Hours 1 Min
	LSUAL OCCUPATION (Give kind of work 10b, Kind during most of working life, even if retirad)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fores	gn country) 12. CITIZ	EN OF WHAT COUNTRY?
	7° OI O		toor.	-	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	We wanted to a "	-
	To me of green		Tel res " riar		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO. 17. I		Address	4000
(Ye	s, no, or unkown) (Ifyesgivawarordatasofservica)	Tono	mic in to		
2	18. CAUSE OF DEATH [Enter only one cause par lin		227		I INTERVAL BETWEEN
П	PART I, DEATH WAS CAUSED BY:	focation by sm	intro		ONSET AND DEATH
	IMMEDIATE CAUSE (B)	The state of the s			
	Conditions, if any, which (b)				
	gava rise lo immadiata cause				
Н	(a), stating the underlying DUE TO				1
1_1	cause last. (c)				_
ő	PART II. OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN N PART 1	(a) 19. WAS AUTOPSY PERFORMED?
3	•				YES NO E
CERTIFICATION	2DB. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING  CAUSE OF DEATH.	E HOW INJURY OCCURED, (E	inter nature of Injury in Part I or Pa	rt II of item 18 )	* *************************************
1 - 1	as to	rarpe in secon	d floor of home	which was control	t li l'ame
WEDICAL	Hour a.m. While	Not While W fact	CE OF INJURY (Homa, farm, 2Df. ary, street, office bidg., etc.)	. (City or Iown) (Count	y) (Stala)
WE	1] 3.6.m.] /23/6] 19 at work	at work w		Totalens	1-8
	21. I certify that I took charge of the rema	ains descr bed above, he	ld an Autopsy , Inspec	ction - Inquiry ,	and in my opinion
	death resulted from Natural causes,	Accident 2, Suici	de	Undetermined manner	
	//	1 3 4	CHIEF MEDICAL EXAMIN	PER 🔲	
4-	SIGNATURE GUSTAVE HI ac	chedrel'	M D. ASSISTANT MEDICAL EX	AMINER	DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL EXAM	INER [2] 1/23/61	
22	NAME (Type)	226. NAME OF CEMETERY OR	Addrass (Street, city, tow		10.13
228	REMOVAL (Specify)			OCATION (City, town, or country)	(State)
- 22		Mt. Zion unuro		othy, A.A. Co., A	
23.	FUNERAL DIRECTOR			EGISTRAR 245. REGISTRAR'S SIG	
	Isaiah L. Brown, Baltimor	e 30, Md.	DATE JAN 2	7'67 arthur 2.1	Trainis



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE AZIMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) It is necessary, all director. Page for your fles. a. COUNTY a. STATE b. COUNTY Anne Arundel Same MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b for your Board of h write RURAL and give nearest town) 1) TE TEL 11 6 Į į d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? und be executed within 24 hours after death. If any chain pencil in Item 18. Give Pages 1, 2, and 3 to the 4. Office along with form PM3. Page 5 may be retain. A purial-transit permit. File pages 1 and 2 with the State over, and In any event within 72 hours after death. YES NO D مري ويد 3. NAME OF First Middle DATE Month DECEASED OF (Type or print) V ---DEATH ++, m. + . 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 19. 7. MARRIED NEVER MARRIED 17 last birthday) Months Days Hours WIDO WED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Fasadena 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Green Dolores Farker This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordatesofservice) should be forwarded to the Chief Medical Examiner's Office along with FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permits designated agent, prior to burial, cramation, or removal, and In any The P 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Sufficiation by smoke IMMEDIATE CAUSE (a) ani en **DUE TO** Conditions, if any, which gave rise to immediate cause cute the certificate, writing the word "pending" DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ary in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. to non-FR brossau 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C ty or town) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., atc.) While Not While Fus - t at work at work 3/1 p.m. ] 21 I certify that I took charge of the remains described above, held an Autopsy 1 Inspection I. Accident 3 death resulted from: Natural causes Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 6856 9X NAME (Type) Gustave E Taubert MT Addr 22e. Burial, Cremation, 22b. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY NAME (Type) DEPL Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) g40 p Eurial Mt. Zion Church Cem. õ Magothy, A. A. Co., Md. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME Isaian L. Brown, Paltimore 30, Md. 5M 7/59 DATIAN 2 7 61

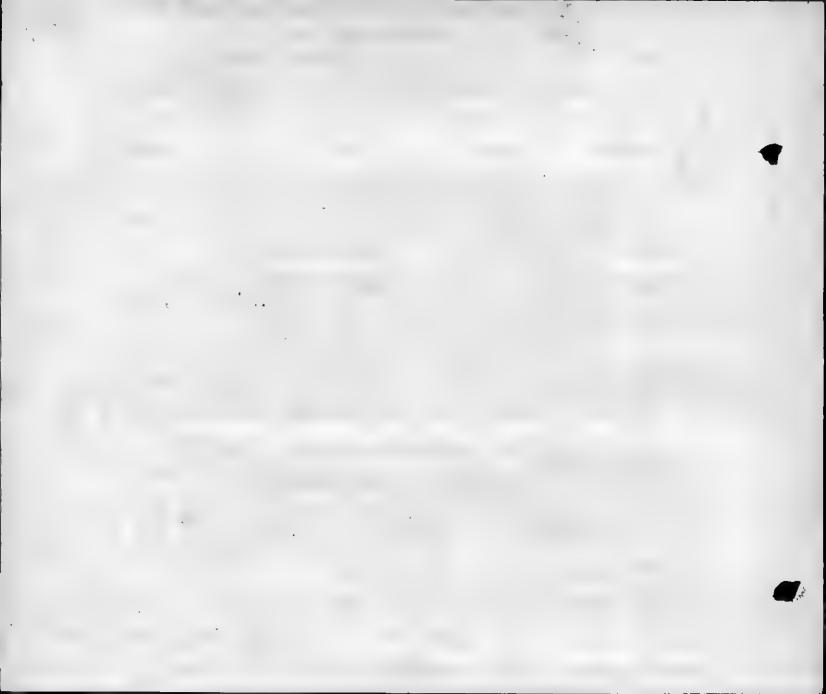
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.0129122 CERTIFICATE OF DEATH Rea. Dist. No director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY eg MARYLAND ANN ARUNDEL ANJA ARLINDET ARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 funerol RURAL and give nearest town) ANNA POLIS, MARYLAND 펀 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION . IS RESIDENCE d. STREET ADDRESS CHASE AVENUE YES NO IT AlliaPOLIS, MARYLAND 4 NAME OF First Middle DATE Month Last Dov Year DECEASED JANUARY 3rd 19 61 DEATH HAMERBERG (Type or print) Fred AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE S. DATE OF BIRTH 5. SEX 7. MARRIED T NEVER MARRIED last birthday) Months Days 62 WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

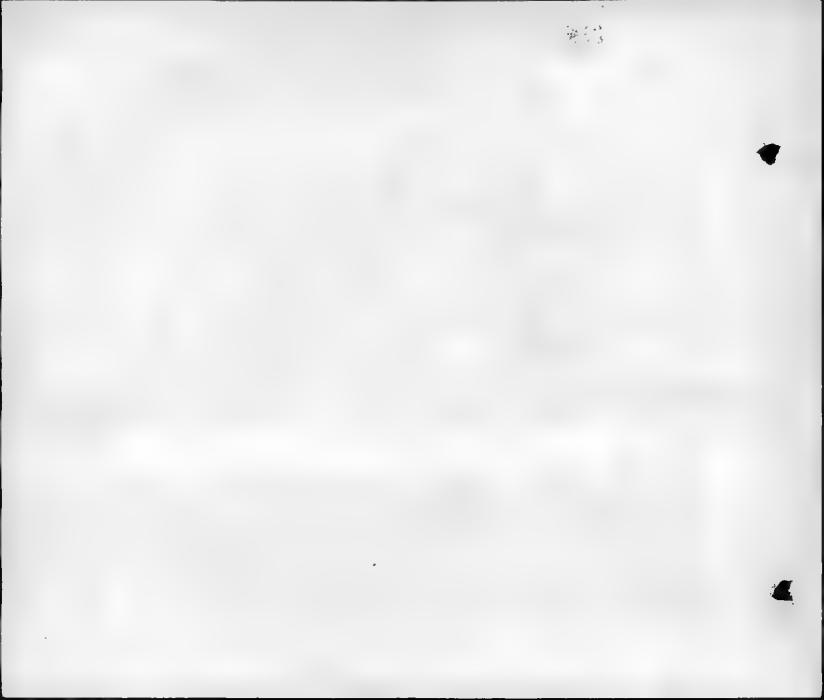
10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA SWEDEN (Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Not Known Peter HA. MERBERO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Elizabeth H. Hammerderg Chase Ave., Annapolis, Karyland and INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH ā Cardiac Disorder, Functional PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20f. (City or town) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stole) foctory, street, office bldg., etc.) O. FB. Not while of work | of work p. m. 19 61, that I last saw the deceased 12-25-60 19 21. I certify that I attended the deceased from and that death occurred at 11:30AM, from the causes and on the date stated above. alive on DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED det ACTUAL SIGNATURI prior þe should PHYSICIAN'S NAME (Type) BUSCH Svlvaň (n) m 22b. DATE THEREOF 229 BURIAL, CREMATION, 22d/IOCATION (City, town, or county) 22¢. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) he O 246. REGISTRAR'S SIGNATURE 23 FLINERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR

VS A1S (4) 1SM 9/SS

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2-USUAL RESIDENCE (Where deceased lived. If institution Residence before gamess on) · COUNTY COUNTY Poge files. Heolth, MARYLAND Y OR TOWN IS ON c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate I mit), write RURAL and give nearest town) 9 S REJIDLINGE in hospital, give street midtess) ON A FARM? YES NO NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED B DATE OF 9. AGE Itn years IFUNDER TYEAR IF UNDER 74 HPS Months Days Houns DIVORCED USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT Ill yes, give war or dates of service) 18 CAUSE OF DEATH | Enter only one couse per line for (a) of (b) and (c). ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO Conditions, If ony, which gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Port II of Item 18] ef Mo 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year i 20f. (City or town) (State) Hour a.m. While Not while of work of work p. m. 21. I certify that I took thorge of the remains described above, held an Autopsy Inspection\_P Inquiry ond in my CTOR: opinion death resulted from: Notural couses X Accident . Suicide . Homicide , Undetermined monner DIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER FUNER NAME (Type) 220. BURIAL, CREMATION 22d LOCATION (City, lowy or county) 22c NAME OF CEMETERY OR CREMATORY MMOVAL (Specif UNERAL DIREGIOR'S SIGNATURE 240. REC'D BY REGISTRAK 246. REGISTRAR'S SIGNATURE A15ME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF DEATH Type or Print) Elsie N. Butler 4. USUAL RESIDENCE (Where deceased fived. If institution residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND. Hatermore Circulation A. ŞTATE **n. COUNTY** (IF NOT IN HOSPITAL OR INSTITUTION, G VE STREET ADDRESS OR COCATIONIS FULL NAME OF HOSPITAL OR (If outside city limits, write RURAL and give lownship) c. CITY OR TOWN INSTITUTION 721 Register Ave. Baltimore D. STREET ADDRESS (If rural, give location) 721 Register Ave. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years lost birthdoy) If Under 24 Hour 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) Months Days Hours Min. J: n.14.1899 61 Female "hite arried 10.4 USUAL OCCUPATION (Give kind of 1 Da. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even WHAT COUNTRY? if retired) Housewife Va. \_\_\_\_\_\_ NJ 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. Was Deceased Ever in U. S. Armed Forces? ADDRESS 16. SOCIAL 17. INFORMANT es, no or unknown) (If yes, give wor or doles of service) SECURITY NO. George W. Butler 721 Register Ave. no no 18. **CAUSE OF DEATH** INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthema, etc. It means the disease, injury or complication which caused death.) DUE TO **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION -20. AUTOPSY? CAUSE OF DEATH, ENTER IN 22. I certify that (I) (this haspital) attended the deceased fram. (a) that (I) (we) last saw the deceased alive an\_\_\_ and that in (my) (our) opinion death accurred at. Q\_1\_m., from the couses and an the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 46 W. 36Th St. ATTENDING PHYS. DT MED. DIRECTOR [ 24A, BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 24s. LOCATION Jan.10,1961 Evergreen Mem. Park Burial Finksburg Md

25c. FUNERAL DIRECTOR

ADDRESS

Paul E. Chanoweth Jr. 3617 " estnut Ave

1250, NAME OF REGISTRAL

death direct be filed VR A15 (4) 15M 9/60

FUNERAL 1 ector, page 3

rector,

25A. DATE REC'D BY HEALTH DEPT.

funeral

by the and 2 death.

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Pages

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may be retained by the hospital or attending physici DIRECTOR: After this certificate has been signed b 3 should be detached for use as the burial-transit per be State Dept. of Health prior to burial, germation, or



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Contain L. Hours

							,	0 0 () 0	
1. PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE	E (Where deced	sed lived If institution	on: Residence	before admi	ssion)
	ANNE ARUND	-	7		YLAND		ANNE A		
RURAL and giv	N (If outside corporate lir e neorest town)	nits, write	c. LENGTH OF STAY IN 16	city or tow	N (If outside cor	porote timits, write Rt	JRAL and give	e nearest tov	vn)
Ft Geo G			1	-	Geo G M	bade			
d. NAME OF HO	SPITAL (If not in haspital, ON	give street	oddress)	d. STREET ADDR	ESS			e. IS RE	A FARM?
U. S. Ar	my Hospital			701	2 E. Ba	ker Street		YES [	☐ NO 🖟
3 NAME OF DECEASED	F	irst	Middle	Last	4. DATE	E Mon	th	Day	Yeor
(Type or print)	CI	RIST	PHER	HILL	DEAT	TH JANUA	RY	15	19 6
S SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (in years lost birthday)	IF UNDER 1 Y		
MALE	CAU	WIDOW	ED DIVORCED	15 JANUAR	Y 1961	yrs.	Months Do	oys Hours	s Min.
00 USUAL OCCUP	ITION (Give kind of worl	done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(State or foreign	country)	12.CITIZE	N OF WHAT	COUNTR
N/A	vorking life, even if retire	id)	N/A	Mary	land		USA	A.	
13. FATHER'S NAME				14. MOTHER'S MAI			1		
KENNETH	C. HILL				E K. BRA	v			
	EVER IN U. S ARMED FO	RCES? TIA	SOCIAL SECURITY NO 17, I	NFORMANT	J II. DIED	Addr	ess		
(Yas, no. or unknown)  N/A	(If yes, give war or dates of N/A			enneth C. H	Hill, 70	12 E.Baker	St,Ft	Geo	G.Mes
18. CAUSE OF	DEATH [Enter only one	couse per li	ine for (a), (b), and (c)-]					INTERVAL I	
PART I. DEATH WAS CAUSED BY: Immaturity									D DEATH LTS
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Conditions,	(D. C.								
gove rise to	immediate Dus T	(b)							
lying couse to	ng the under-	_							
		(c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPS
N N N N N N N N N N N N N N N N N N N								PERF	ORMED?
(IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of inj	ury in Port I or F	Port II of item 18.)			
3 20c. TIME OF IN	JURY Month, Doy, Y		6	ACE OF INJURY (Home		ity or town)	(Cou	unfy}	(Stal
Hour o.	10	While of wo	IADI WIIII	ctory, street, office bld	g., air.)				
		all attend	ded the deceased fram	15 January	12.61, to	15 Jan	19 61	that (I)	Iwel la
	eased alive an 1		4	death accurred a	1 = 11/13314	m the causes an			
22o. SiGNATUR	sused onve on	10	# 94010 Hor	dedili dicolled di	M(, II d)	in the cooses on	u dii itie c		25 DATE
16	Samuel A	l Carl	eurin .	M.D. PHYS	MED.	STAFF PHYS	15 Ja	nuary	SIGNE
22c. PHYSICIAN	S			22d ADDRESS	- DINECTOR I		200	ATTUCK T.	1/01
NAME (Typ SHERM	AN S. ROBIN	SON,	CAPT, MC	U.S.ARM	Y HOSPI	TAL, FT GEO	G MEA	DE, M	D
23a. BURIAL, CREMA		OF	23c NAME OF CEMETERY	OR CREMATORY	23d, LQ0	CATION (City, town, o	or county)	(51)	ole)
Cremation	16 Jan	61	USA Hospital		F	t Geo G Me	ade, F	/d	
24 FUNERAL DIRECT			ADDRESS		REC'D BY REG	ISTRAR 2Sb. REGIS	STRAR'S SIGN	IATURE	
Shirten	Thinklen -	2/4/ 115	ZUSAH FGG Mea	de, Md DA	TE JAN 1 8	re 1			
	11.3.11.1.4.1	- 1 1 1	<u> </u>		1/4/11 6	<del>**</del>	1 6 60		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be recorded by the hospital or attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 a. 2 should be filted with the State Board of Health prior to burial, cremation, ar removal, and in any event, whim 72 hours after death. VR A15 (4) 15M 9/59

the funeral director, 2 should be fited with



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 00131 CERTIFICATE OF DEATH with director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY filed Maryland Anne Arundel MARYLAND Anne Arundel haurs after death. the funeral should be fi c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)
RIVIETA BEACH Kiviera Beach 5 yrs. e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS ON A FARM 8481 Garden Read 8481 Garden Read YES 🗍 NO 🧖 NAME OF First Middle Lest 4. DATE Month Day Yeor DECEASED within 24 1961 Margaret Marie Hindle January 14. Φ DEATH death. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours after Female Whi te DIVORCED | WIDOWED | Jan. 21, 1906 54 papers. dm 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Nene England England and Housewite 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James F. McCermick Rese A. D'Acy physica 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mr. Themas J. Hindle oftending No Same ease INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH 4 PART I. DEATH WAS CAUSED BY: č IMMEDIATE CAUSE (o) the DUE TO á permit. Canditions, if ony, which (6) gned gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. peen s **burial-transit** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, PERFORMED? YES NO IX CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work of work p. m 21 I certify that (I) (this hast at attended the deceased fram and that death accurred at M, from the causes and on the date stated above saw the deceased ative an DIRECTOR: 22a SIGNATUR GNED ATTENDING MED DIRECTOR STAFF M D pe of Boord 22c PHYSICIAN'S 22d ADDRE TO NAME (Type) FUNE c 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) poge the Sk REMOVAL (Specify) Jesephis Cemetery Roxbury, Massachusette Burial 1961 0 256. REGISTRAR S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 4001 Ritchie Hwy. Balte 25, oMdian 1 8 '61 Cithury S. Kraus VR A1S (4) 1SM 9759

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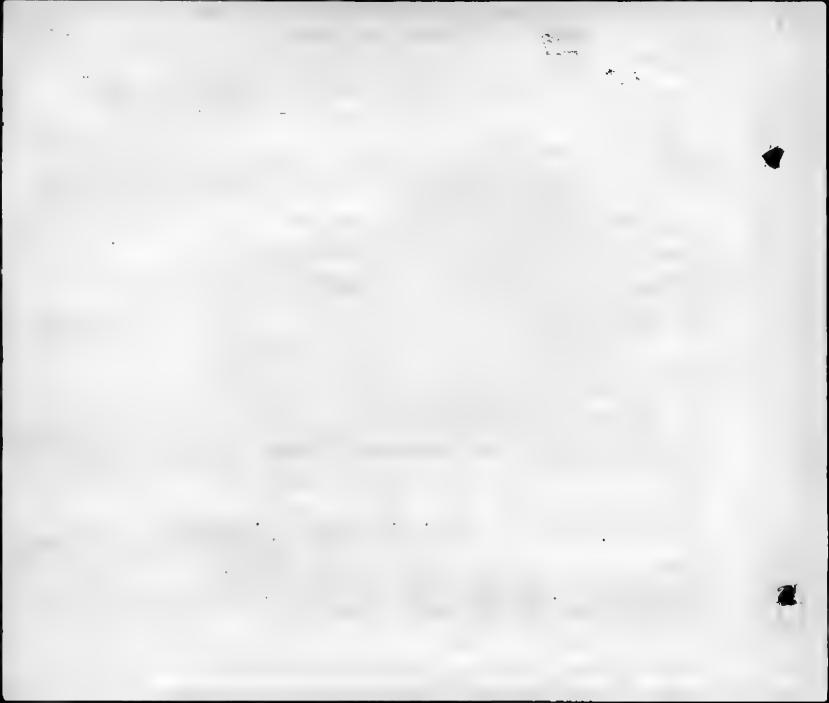
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

00132

1. PLACE OF DEATH o. COUNTY Anne Arundel  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institutions Residence be o. STATE Maryland b. COUNTY Anne Ar  b. COUNTY Anne Ar  b. COUNTY Anne Ar  c. LENGTH OF STAY IN 1b RURAL and give nearest hown) Annapolis  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital	undel											
b. CITY OR TOWN (If ausside corporate limits, write RURAL and give rearest town)  Annapolis  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If ausside corporate limits, write RURAL and give representations)  RURAL — Edgewater  d. STREET ADDRESS	nearest tawn)											
Annapolis 8 hours RURAL - Edgewater  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  d. STREET ADDRESS												
OR INSTITUTION												
Anne Arundel General Hospital	e. IS RESIDENCE ON A FARM?											
and as the contract to be seen	YES D NO											
DECEASED	Doy Yeor 20 1961											
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) Months Day	AR IF UNDER 24 HRS.											
F male White WIDOWED DIVORCED Dept 23-1906 54 yrs. Months Days	Hours Min.											
10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country)  12. CITIZEN	OF WHAT COUNTRY											
13. FATHER'S MAIDEN NAME , I LATSICULTURAL												
Charles Harbough	<b>19</b>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ho. SOCIAL SECURITY NO. 17. INFORMANT  [Tou. No or unknown]   If yes, give wor or dottes of service)   Address   Address												
	ITERVAL BETWEEN											
PART 1. DEATH WAS CAUSED BY: CEREBRIAL HEMORR HAGE	NSET AND DEATH											
3 3 DUE TO												
Conditions, if only, which) (b) HYDERTENSION	MAKAR.											
gove rise to immediate DUE TO	100000											
lying couse last.	course (a), storing the under-											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO 4											
200 ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 of work of twork of two	y) (State)											
21. I certify that I attended the deceased from Jan. 20, 1961, ta Jan. 20, 1961, that I last	saw the deceased											
alive on Jan 20 , 1961 , and that death accurred at 10:20P M, from the causes and an the causes (Street, city or lown, state)												
SIGNATURE TELLIA TOPER M.D. 71 Franklin St.	1/21/61											
PHYSICIAN'S Edward S. Beck Annapolis, Maryland												
220 BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)  REMOVAL (Specify) 1-23-1461 Helecrof Memorial Chimakolis	W.C.											
23, FUNERAL DIRECTOR'S SIGNATURE CONS CONTROL AND 240 REC'D BY REGISTRAR'S SIGNATURE CONS CONTROL AND 25 16.1	URE											

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 D FUNEW DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. TO FUNER



VS A15 (4) 1SM 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 127

**CERTIFICATE OF DEATH** 

00133

												LAN.	D131. 146	P.	
1. PL	ACE OF DEATH COUNTY			MAI	RYLAND		STATE			d lived.	If instituti	on Resid	ence befo	ore admis	sion)
h	CITY OF TOWN (	nd 6 L	la surita	c. LENGTH OF STA			Mary				COUNTY	anne	aru	ndel	
	RURAL and give ne	orest fown)	ia, willie	C. LENGIR OF SIA	7 10 10		CITY OR TOW			prote limit	ls, write R	URAL on	d give ne	rarest fow	n}
	Annapoli					$\mathcal{L}$	Annap		-					,	
0.	OR INSTITUTION	AL (If not in hospital, g	IAB ZILGGI	oddress)			d. STREET ADDR								SIDENCE A FARM?
		le Street		<del></del>			1311 M	aple	Stre	et				YES	NO 🚺
DE	AME OF CEASED ype or print)	SAMU		M HY	ATT		Last		4. DATE OF DEATH		JANU		24	оу	Yeor 1961
5 SE	x	6. COLOR OR RACE	7 MAR	RIED NEVER MARI	RIED 🔲	8 DA	TE OF BIRTH			9. AGE	(In years				ER 24 HRS
1	Male	White	WIDOW	ED DIVORO	ED 🔲	Ap	ril 15.	188	37		73 yrs	Months	Doys	Hours	Min
10a, I	USUAL OCCUPATIO	N Give kind of work o	done 10b.	KIND OF BUSINESS	OR INDUS	STRY	11. BIRTHPLACE	(Stote o	or foreign o		<u></u>	12. 0	ITIZEN (	OF WHAT	COUNTR
		oe Repair		rop.shoe r	ensir		Lithu	คทใด						USA	
	THER'S NAME			0010002	opuzz		MOTHER'S MA							004	
	Ū	nknown					unk	nown	ı						
15. W	AS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	Q. 17. II	NFOR					Add	ress	-		_
מ		no	raice		Mrs	I	da Hyat	t- W	ife-	same	as	# 2			
		TH (Enter only one cu TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) OUE TO	19.	merce (a). (b). and (c)  merce le ge	of 1.		timos c C l			ni			INTON	SET AND	DEATH
_	gove rise to in couse (o), stoting I lying couse last. PART II. OTH			CONTRIBUTING TO D	EATH SUT					E CONDI	TION GIV	EN IN PA	ART I(o)	19. WAS	AUTOPSY
CATION	A.	a feti	- 1	n.										PERFC	RMED?
0 [0	Og. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	D. (Ent	ter nature of inj	ury in Po	art I or Par	t II of ite	m 10 }				
MEDICAL	Oc. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yeo	While	NURY OCCURRED Not while of work	20e. PLA fac	dory,	OF INJURY (Hom- street, office bld	g., etc.)					(County)		(Stote)
A	CTUAL IGNATURE TO	or I attended the 20	-, 1 <u>%</u>	, ,	-5-7	acci	., 19, to urred at 7	301	M, from DORESS IS	n the c treet, city	or tawn,	ind an	last so	ite state	decease ed above ATE SIGNE
220.		, 226. DATE THEREO	F	22c. NAME OF CE			MATORY	:	22d LOCA	TION (Cil	y, fown, o		*	(Stot	e)
		Jan. 26. 19	70L	Kneseth	ISTA	el				poli				D.C.	
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110	polic fur	eral Home	An	nanolie N	(A)		DA	TE [A	N 2 6 3	61	1	5	0 20		



**CERTIFICATE OF DEATH** directar 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY Filed MARYLAND within 24 hours after death." funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITYOR TOWEN (If outside carporate limits, write RURAL and give pearest town) 8 RURAL and give nearest town) plyods d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 120x 25 4. DATE OF DEATH NAME OF First Middle DECEASED 06 122 1AM (Type or print) 6. COLOR OR RACE 9. AGE (In years fast birthday) 7. MARRIED TANEYER MARRIED DATE OF BIRTH WIDOWED IT DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, every if retired) driver 18. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ó Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause fast burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY removal. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enler nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY I Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m While Not while at wark at work 21. I certify that I attended the deceased fram 2/22 - 2. , and that death accurred at M, fram the causes and an the date stated above. ACTUAL SIGNATURE prior should the registror NAME (Type) 3 BURIAL, CREMATION, 1226. 22c. NAME OF CEMETERY OR CREMATOR 22d LOCATION REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATUR 24a. REC'D BY REGISTRAR 2/4b. REGISTRAR'S SEGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

Reg. Dist. No.

ansy letter un

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

3 hild 23

PERFORMED? YES NO .

(Stole)

DATE SIGNED

(County)

19.//..that I last saw the deceased

or couply

12. CITIZEN OF WHAT COUNTRY?

. IS RESIDENCE ON A FARM?

YES NO P

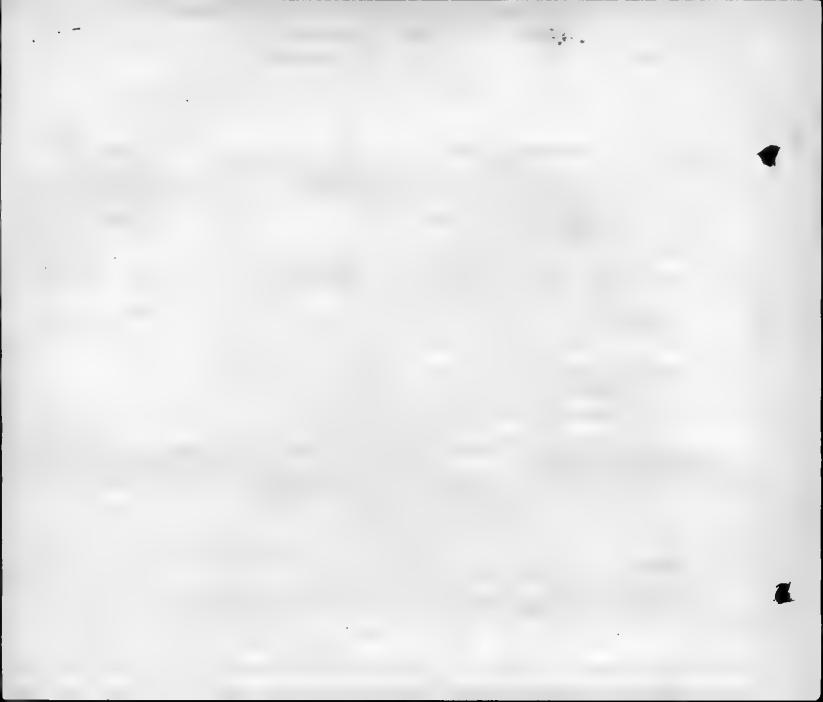
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b. COUNTY

Month

Months



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) COUNTY b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN |If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Mill Swamp 5 yrs Rural - Mill Swamp d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE YES NO Route 1 - Box 472 Route 1 - Box 472 NAME OF Middle DATE Month Day DECEASED Phillip (Type or print) Jackson DEATH Jan. 21 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS Months ! Days Hours Min. 1887 WIDOWED | DIVORCED [T Male Colored yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working file, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. \*\*\*\*\*\*\*\* A.A.Co. Md. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mamie Turner - Rt. 1-Box 472 No None A.A.Co. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPS PERFORMED? 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED i 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while D. m. p. m. of work of work 21. I certify that I took charge of the remains described above, held on Autopsy [] Inspection . Inquiry deoth resulted from Natural Causes Accident | |. Suicide . Homicide | Undetermined couse DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** E.G.Jinhardt DEPUTY MEDICAL EXAMINER NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stole) REMOYAL (Specify) 1-26-61 A.A.Co. Md. Chews Chapel Buri al ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CITTURE & FEWER C.E.Hicks 111 Annapolis, Maryland DATE JAN 3 0 '61

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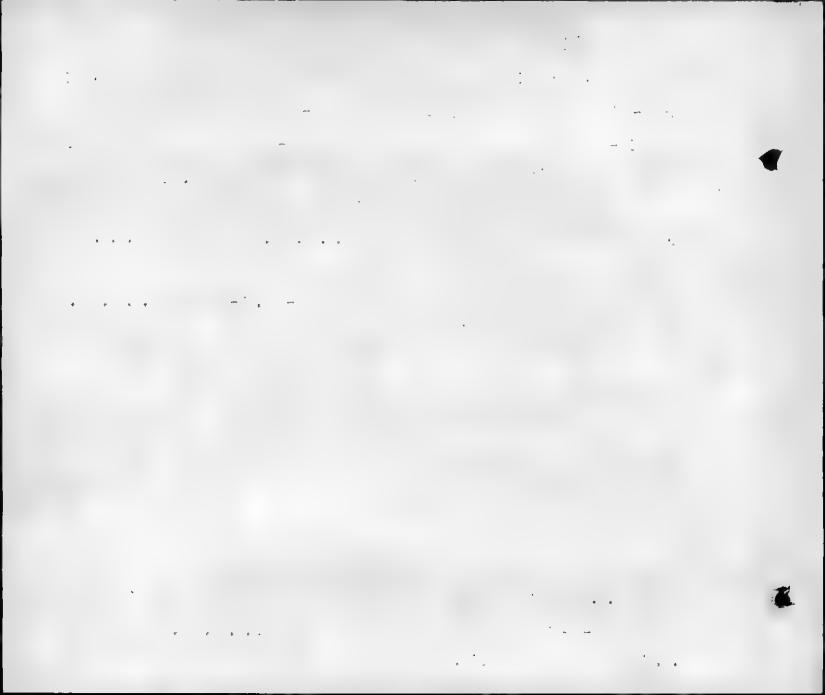
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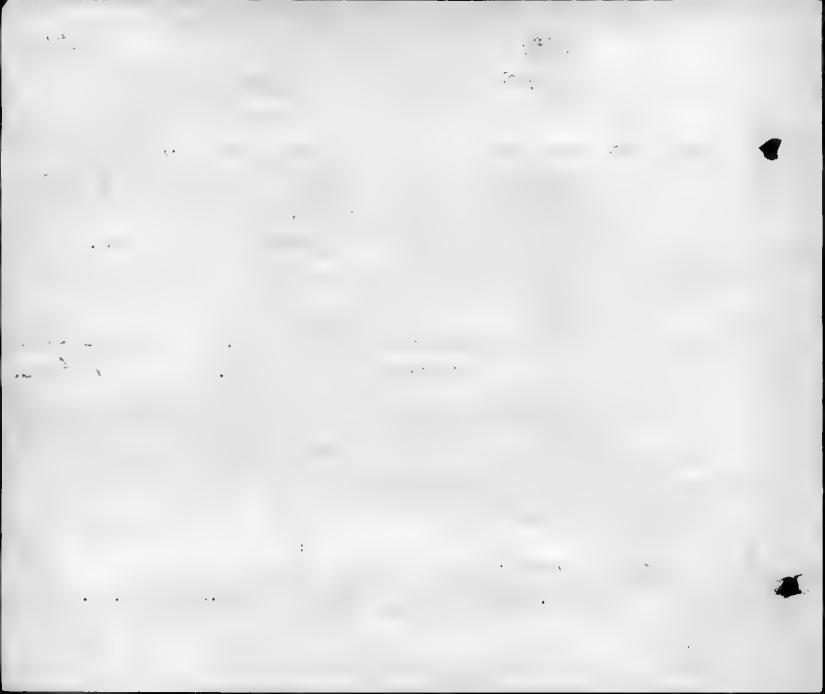


PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admiss on e. COUNTY Anne Arundel Anne Agundel 12 t THE COLUMN TO b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town] Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address; . IS RESIDENCE ON A FARM? Anne Arundel General Hospital Prince George St. 110 YES NO TO 3. NAME OF 4. DATE M.ddle DECEASED OF (Type or print) JOHNSON. DEATH 1967 Emerson Janua rv 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH AGE (In yeers | IF JNDER 1 YEAR IF JNDER 24 HRS. lest birthday) Months Hours White Male WIDOWED | October 27, 1911 DIVORCED IDe. JSUAL OCCUPATION [G've kind of work 1Db. KIND OF BUSINESS OR INDUSTRY & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. DALESMA Maryland please (Yes, no, or unkown) ((Ifyesgive werordates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding esophageal varices DUE TO Laennec's cirrhosis 581.1 gave rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO X 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, if nier neture of injury in Pert 1 or Pert 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work ATTENDING STAFE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) Cathedral St., Annapolis, Md. 23de LOCATION (City, town or county) (State) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY MOVAL (Specify) 0 5 8 FUNERAL DIRECTORYS SIGNATURE VR A■ (4) 15M 9/60

physicia■

attending

MARYLAND STATE DEPARTMENT OF HEALTH



e. IS RES DENCE

Dovs

(County)

25b. REGISTRAR'S SIGNATURE

25o. REC'D BY REGISTRAR

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

(State)

22h, DATE SIGNED

(Stote)

ON A FARM?

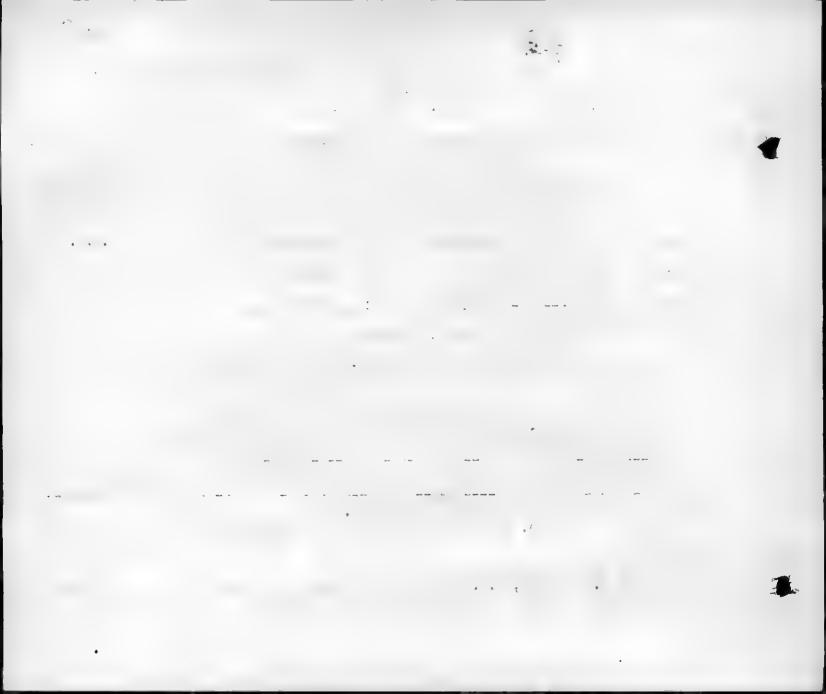
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1. PLACE OF DEATH ne Arundel 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE MARYLAND b. COUNTY Calvert DOM: NO b CITY OR TOWN (If outside corporate limits, write C LENGTO OF STAYIN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town Crownsville 3 mos. 14 day Unknown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Crownsville State Hospital Unknown NAME OF 4. DATE Middle Lost Manth Pinkney DECEASED OF DEATH Johnson (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last pighday) Male Months Negro 1886 WIDOWED I DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Unknown Unknown Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown Unknown Hospital records 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Infarction IMMEDIATE CAUSE (a) DUE TO Hypertensive Cardiovascular Disease Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Chronic Brain Syndrome associatee with Hypertensive Cardiovascular Disease No E 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part , or Part II of Item 18.) 20c TIME OF INJURY Month 20d. INTURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f. (City or town) foctory, street, office bldg., etc.) While Not while at work p. m. Jan 27 Oct. 13 21. I certify that (1) (this haspital) attended the deceased fram. Jan. 27 219 61 , and that death accurred at 1:00, from the causes and on the date stated above. saw the deceased alive an 22a, SIGNATUR ATTENDING STAFF PHYS | DIRECTOR A LEEELE M D 22c PHYSICIANI 22d. ADDRESS NAME (Type) Benedict. M.D. Crownsville State Hospital, Maryland 23b. DATE THEREOF 23a BURDAL CREMATION 23da LOCATION (City, town, ar county) REMOVAL (Spec fy)

**ADDRESS** 

PUNERAL DIRECTOR'S SIGNATURE

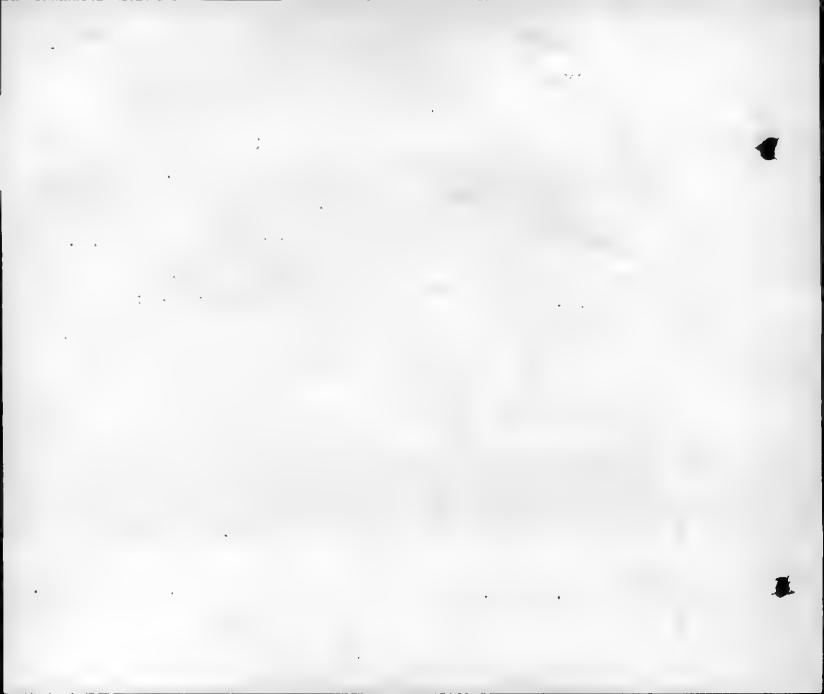


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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

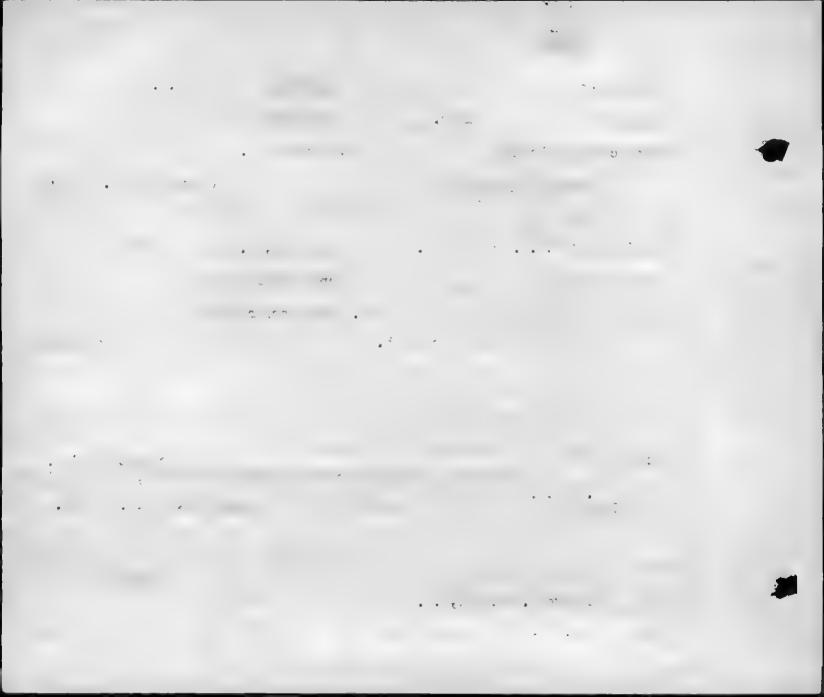
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1	, PLACE OF DEATH a, COUNTY				2.	USUAL RESIDENCE	CE (Whe	re deceased	lived. If instituted	n: Residence be	fare admissi	on)
	Anne	Arundel		MARYLA	ND	o. STATE Mary	rland	i	b. COUNTY	Anne Ar	undel	
Γ	b. CITY OR TOWN (If RURAL and give ne	autside corporate limi	ts, write c LEI	NGTH OF STAY IN	15	CITY OR TOW	/N (If ou	Iside corpor	ote limits, write RI	JRAL and give a	neorest town	)
	Annap	olis		16 days	40	Edgew	rate	r				
Г	d NAME OF HOSPITA	AL (If nat in haspital, g	rve street address	s}		d. STREET ADDR	ESS				e IS RESI	DENCE FARM?
L		Arundel Ger	neral			Box 262	2 S.	elby c	on Bay		YES 🗌	NO A
3	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Mon	lh	Day Y	eor
L	(Type or print)	Edmun	d _	V.		Jones		DEATH	Jan.	(	1	951
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B. D.	ATE OF BIRTH	- 0		9. AGE (In years last pirthday)	Months Dov		R 24 HRS Min
	Male	White	WIDOWED	DIVORCED [		Feb.18,			yrs.	Monins Doy	Hours	Min
1	0a. USUAL OCCUPATIO during most of warking	N (Give kind of wark o				11. BIRTHPLACE	(State o	r foreign co	untry)	12. CITIZEN	OF WHAT C	OUNTRY?
L	PLUMB	ER		ONSTRUCT			dein:			Ţ	. S.	
1	3 FATHER'S NAME	5			14	MOTHER'S MAI	IDEN NA	AME	-			
L	DAMUE	2 4. 0	ONES			MARR	1E7		INK			
	S WAS DECEASED EVER	IN U. S. ARMED FOR		L SECURITY NO	17. INFOR	MANT	D	,	Àddr	ess		
L	NB				AG	NES	<i>D</i> .	JON	ES H	2		
		TH [Enter anly one co	use per line for (	(a), (b), and (c).]		2 02	7	4			ITERVAL BET	
П	PART I. DEAT	IMMEDIATE CAUSE (6	Tules	ealeur.	lace	ello al	Ru	le			2/2 7	url S
Т	0 3	DUE TO	DA.	0. 1.		Cerus	Re	west				
Т	Conditions, if ony, which) Due Toy Strandsmoling disence length											
Т	gove rise to im		1 Bush	stopen	erme	oned	*					
1.	lying couse lost.	) (c	)									
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT	RELATED TO THE	ETERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1(0	19. WAS A	RMED?
	5										YES 🛄	NO 🗌
10000	PART II. OTH  200, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206. DESCRIBE H	HOW INJURY OCC	JRRED. (E	nter nature af injo	ury in Po	ort I ar Part	II of item 1B )			
1	20c. TIME OF INJURY	Manth, Day, Yea	or 20d. INJURY	OCCURRED 20	e. PLACE	OF INJURY (Ham	e, farm,	20f. (City	or town)	(Count	у)	(Stole)
6	20c. TIME OF INJURY Hour o. m.	19		Not while	raciory,	street, office bld	ig., erc.)					
		(I) (this hospital	\ attended th	e deceased fro	m Di	*.C.	1040	0 , ta_	Jose 6	106/	that (IV is	40) last
Т		ed alive an Qc							N			
П	22a. SIGNATURE	1) 10	4	- se.g. / cita iii	ar acar			**, *** Gitt**	me caoses an	a an inc ac		DATE
L	1 8	the Threed	4.		M.D	ATTENDING PHYS	MEE DIR	ECTOR	STAFF PHYS	1/	4/6/	SIGNED
ı	22c PHYSICIAN'S NAME (Type)	/				22d. ADDRESS	_		. 4		70	262
L	(Type)	Dr. Eln	er G. L	inhardt		3	Che	sapea	ke Ave.	Annap	olis,	Md.
2	3a BUR AL CREMATION	) 23b DATE THEREC	961 S	NAME OF CEMETE	RY OR CR	EMATORY M		WAS	H.DC	or county)	(Stote	)
2	4. FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS				BY REGISTI	RAR 2Sb. REGIS	TRAR'S SIGNA	URE	
	JOHN M	TAYLOR	SONS	HAVAPO	415	MD DA	AN Lat.	11 '61	Ox	hun S. Kra	cu4	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) Southern, e. COUNTY Page b. COUNTY Maryland Anne Arundel MARYLAND A.A. b. CITY OR TOWN ( f outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give peerest town) c. LENGTH OF STAY IN 16 director. wish RURAL and give neerest lown) 1 1 hr. Curtis Bay
d NAME OF HOSP TAL OR INSTITUT ON (if not in hosp tal, give street eddrass) Baltimore 25 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Arundel cove (On the ice) State YES NO T 129 Meadow Rd. M ddla 4. DATE build be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the if Month DECEASED (Type or print) DEATH 19 Thomas Henry Koerner January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH age 5 may 1 and 2 wit 72 hours a lest birthday) Davs Months Hours WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sleta or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3, Page done during most of working life, even if retired) Ship fitter at U.S.A.Coast Gurad Baltimore Md. USA pages 0 Edward Koerner Lona Watzel Weitzel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) , (If yes give war or detes of service) Office along with burial-transit permi Mrs. Lola Koerner (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Charred to death. Few seconds IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if env. which geve rise to immediate cause **DUE TO** (a), stating the underlying PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 acute the certificate, writing the word NO T Medical plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF OF CONTRIBUTING caught on fire. Year Tapa, INTURY OR CURRED the Chircote age Coast Guard Cutter, when his clothes forwarded to the Chief L DIRECTOR: Page 3 Month, Day, 9.20 A.M. factory, street, office bldg., etc.) While Not While 0 al work al work Arundel Cove Curtis Bay. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion Accident Y Undetermined manner death resulted from: Natural causes Suicide Homicide [ CHIEF MEDICAL EXAMINER Tustovi Hipel designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 1/26/61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) NAME (Typa) Gustave H. Faubort M.D. Addr 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY DEPL 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 g Baltimere, Maryland Burial Jan. 30. 1961 Western Cemetery 23, THUNERAL DIRECTOR 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE FFR 2 '61 Carloy S. Thomas V5. A15ME 5M 7/59 4001 Ritchie Hwy. (25)

MARYLAND STATE DEPARTMENT OF HEALTH



The state of the s	L		134		CERT	IFICA	TE OF	DEATH	1		Rog. Dist.	No.		
	1.	PLACE OF DEATH a. COUNTY					2. USUAL RES	DENCE (Wh	ere deceased live	d If institution	n Residence	before odn	rission)	
	_		Arundel			YLAND	, N	# 9799/S/K	A Md.			Arun		
		<ul> <li>CITY OR TOWN (If a RURAL and give near</li> </ul>	utside corporate limi est tawn)	ls, write	c. LENGTH OF STAY	IN 16	c CITY OR	TOWN (If o	utside corporate	limits, write RU	IRAT Ind Pl	. Beller, He	i d	
		Annapolis			2 Month	ıs	X	79/9/94t	47 / / / 999	ytyt/AFF	6/499	ye/ska		
		d. NAME OF HOSPITAL OR INSTITUTION					d. STREET		3 A			e. IS I	RESIDENCE LA FARM?	
		USNH, Annap	olis, Mar	yland			<i>#</i> # (	Secon	d Avenu	е		YES	□ NO ☑	
	3	NAME OF DECEASED	Fir	ş1	Middle		lo	si	4. DATE	Mant	h	Day	Year	
		(Type or print)	Ros	е	Lidard	L	ANCASTE	R	OF DEATH	Janu	ary	17th	1951	
	5.	SEX 6	COLOR OR RACE	7. MARR	ED T NEVER MARRI	ED 🔲 8	. DATE OF BIRT	Н	9. A	GE (In years	IF UNDER 1		IDER 24 HPS	
		Female	White	WIDOW	DIVORCE	0	1-2	-19	7	ast birthday) 2 yrs.	Months D	ays Hou	rs Min.	
	100	USUAL OCCUPATION	(Give kind of work	done 10b	KIND OF BUSINESS O	OR INDUS	TRY 11 BIRTHP	LACE (State			12. CITIZ	EN OF WH	AT COUNTR	
		during most of working	lite, even it retired	'	~			i a mo	land			USA		
		FATHER'S NAME					14. MOTHER'S					Vigit		
r	V	John LIDA	RD.				Marc	ouerit.	e McCUL	LGUGH				
	15.	WAS DECEASED EVER II	V U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT	2012120	110000	Addre	193			
_	] ("·	no. or unknown) (iff )	es, gave wor or dates of s	ervice)		Hu	shand -	51 A 6	th Stre	et. Ann	anolis	เฟอา	พรไลทส	
	片	18. CAUSE OF DEATH	[Enter only one so	use per lin	ne for (a), (b), and (c)		554220		011 0010	14111	w politic		BETWEEN	
		PART I. DEATH	WAS CAUSED BY:	- (	Cirrhosis		ver					ONSET AND DEATH		
	IMMEDIATE CAUSE (o) OTTTTO STS OT DIVET											1 year		
		Canditions, if any,	DUE TO	. (	Chronic Ale	cohol	iem					75		
		gave rise to imm	rediate (		otti otti o Mi	COLICI						Man	y year	
		cause (o), stating the lying cause last.	_											
	z		SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT I	NOT DELATED TO	THE TERM	NAI DISEASE CO	NIDITION CINE	ALIAL DA DE 3	/=1 TO 14/A	E AUTORCY	
	l g	1 111 01112.		DINOI13 <u>C</u>	OTTING TO DE	2011	TO RECAILD IT	> HIE LEKIMIA	NAT DIBENDE CO	INDITION OTE	IN IN PART I	PER	FORMED?	
	Ę	20a ACCIDENT WAS I	INDERLYING [7]	20h DESA	CRIBE HOW INJURY O	CCLIBBED	(Fater nature of	e iouses in P	art Lor Port II a	Filton 18 h		YES	NO 🗌	
1	CERTIFICATION	OR CONTRIBUTING []	CAUSE OF DEATH	LOD. OLJ	CRICE TIOTT HOOK! C	PECONNED	fenter motore (	n injory in r	DIT 1 GI 1 GIT 11 G	i irem is.j				
	r	20c TIME OF INJURY		sr 204 Ib	NJURY OCCURRED	20a PIA	CE OF INDUST	Wanna farm	20f (City or h				40	
	MEDICAL	Hour a.m.	19	While	Not while	fact	ary, street, offic	e bldg., eic.	1 201 (City of t	awnj	(Cou	inty)	(Slate)	
	2	p. m.			k at work		- //		1	/2				
		21. I certify that							17					
a		alive on 1-1	<u> </u>	, 196	1, and that	death	accurred at					date sta	ated abav	
1		ACTUAL		_					ADDRESS (Street,				DATE SIGNI	
J	'	SIGNATURE		<del></del>		N	1.D. U.	SNH, A	nnapoli	, dary	<u>la nd</u>		_18_6]	
	}	PHYSICIAN'S	may	بيكور	oil_	3.700								
		NAME (Type) SY.		BUSCH										
	220	BURIAL, CREMATION,			22c. NAME OF CEM				22d. LOCATION		county)	(SI	late)	
	_	9	1-21-19	οT	New Cathed	iral	Cemeter,	7	Baltim	ore		Mary]	and	
	23.	FUNERAL DIRECTOR'S	GNATURE	/	ADDRESS				BY REGISTRAR					
		Ex 10 [3] 1. [1]	11 81617	Prod	la s	B	TP-28	I DAYS IAN	2 4 '61	6 Sal	8 97	CALLER.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Leath certificate III executed within 21 hours after III offe II may be formed by the haspital or attending physicion.

• FUNER CLOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar priar to burial, cremation, or removal, and in any event within 72 hours offer death. TO FUNER VS A15 (4) 15M 9/55

y the funeral director, a 2 should be filed with



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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY o STATE Maryland Anne Arundel b. COUNTY Anne Arundel MARYLAND CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and the negrest lown 11e 6 mos. 9davs Annapolis d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? Crownsville State Hospital YES NO T Box 147 NAME OF Middle DATE Manth Year (Type or print) DEATH Simon Leonard 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF JINDER 24 HRS B. DATE OF BIRTH Manths Days Hours DIVORCED [ Male Negro WIDOWED I 70 100 USJAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY [11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer U.S.A. Maryland ----------13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Leonard Lanie ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Unknown Hospital Records 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) ? INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY: Generalized Cachexia IMMEDIATE CAUSE (a) DUE TO Bone Metastasis Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the under-Carcinoma of Prostate 2 years lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 📆 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 20c TIME OF INJURY Year 20d INJURY OCCURRED PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. Not while at work - at work F 76--23. I certify that (I) (this haspital) attended the deceased from 7/3/ 1942 1961, that (1) (we) last 1961 saw the deceased alive or and that death accurred a 10:45 from the causes and an the date stated above. 22a SIGNATURE 22h DATE 1961 THE ATTENDING STAFF PHYS January PHYS DIRECTOR M.D 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Benedict, Crownsville State Hospital, Maryland 23b DATE THEREOF 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stote) - PEMOVAL (Specify) PURIA 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR DATE JAN 1 8 '61 Chilling & From

director filed 1 funeral P ofter pup remove carl O re nas been sig burial-transit p ed by the 0

VR A1S (4)



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TO HOSPITE OF EXTENDING FIFTSICIENT. The law requires that the death cartificate be executed within 24 heurs ofter death, may be the heapital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral of page 3 should be detached for use as the buriof-transit permit. Then please remover although pages 1 Ltd 2 should be fill the State Board of Health prior to buriof, cremation, or remaval, and in any event with 12 hours after death.

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PLACE OF DEATH		
COUNTY	Anne	Az

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	PLACE OF DEATH a COUNTY	Anne Arun	del	MARYL	AND	g. STATE		lived. If institution b. COUNTY			_
	RURAL and give ne	orest town)	ts, write		N 16	ng.				nearest to	wn)
	d. NAME OF HOSPITA	AL (If not in haspitol, g		Idress)		d. STREET ADDRESS	- ~6.47	.030111111	.0	ON	A FARM?
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	DECEASED (Type or print)	Dor	is	Anne		LITTLE	OF DEATH			11	1961
_	sex emale						9	AGE (In years last birthday)		_	s Min.
									20 CITIZEN	2	
100	during most of work	ing life, even if retired)	ione IVb. Ki	IND OF BUSINESS OR	CINDUSI	1		intry)			COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	John Car	lton LITTE	E			Doris Il	ene BE	EARD			
				OCIAL SECURITY NO.	17, INF	ORMANT		Addr	e31		
ţıu	s, no, or unknown)	ir yes, give wat or dates of se	ervice)		<u> </u>	Hospital re	cords				
		-	-		liche.	e e de	Pub. lat	· lovelin	10	NSET AN	ID DEATH
		IMMEDIATE CAUSE (o)		spirarny 9	137121	n synauna -	i iopani	x riguin	L	-71	nn_
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	lying couse lost.		)								
Ö	PART II. OTH			NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(	19. WA	S AUTOPSY
AT											
CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b DESCR	IBE HOW INJURY OC	CURRED.	(Enter nature of injury in f	art I or Port	II of item 1B)			
		·					,				
MEDICAL		Y Month, Day, Yea						or town)	(Cour	·ly)	(Stole
MEC	p. m.	19				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21 I certify that	t (I) (thrismhassoired	) attende	d the deceased i	fram_s	Jan. 9. 19	61. to J	an. 11.	19_61	that (I)	(NGE las
	-										
	22a. SIGNATURE	1 //	4	<u> </u>		6:15	A.M.				22b DATE
		Amis & He	udva	X		.D. PHYS. ME		STAFF PHYS.		1/11/	61
	22c PHYSIC ANS	T . T 11	. 6	$J_{\rm J}$			773 1 1	773.31	- 1	M .	
		James L. H	uason,	r.		giver club	Estate	s, Eagev	ater,	*d.	
230		N, 23b. DATE THEREO	)F	23c NAME OF CEME	TERY OR	CREMATORY	23d. LOCATI	ON (City, tawn, c	r county)	(S)	ate)
]	COUNT Anne Arundel  MARYLAND  O. STATE Maryland  O. COUNTY Anne Arundel  CITY OR TOWN: (If outside corporate limits, write RURAL and give necess town)  REAL and give another them)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  REAL and give another them)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  REAL and give another them)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  REAL and give another them)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give rure and give necess town)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL and give rure)  ARE COUNTY (If outside corporate limits, write RURAL And give rure)  ARE COUNTY (If outside c										
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/	Hopping	Funeral H	ome	Annapolis	. Md.	DATE IA!	1 6 '61	Qui	Lun 8 4.	-11A	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DIRECTOR:

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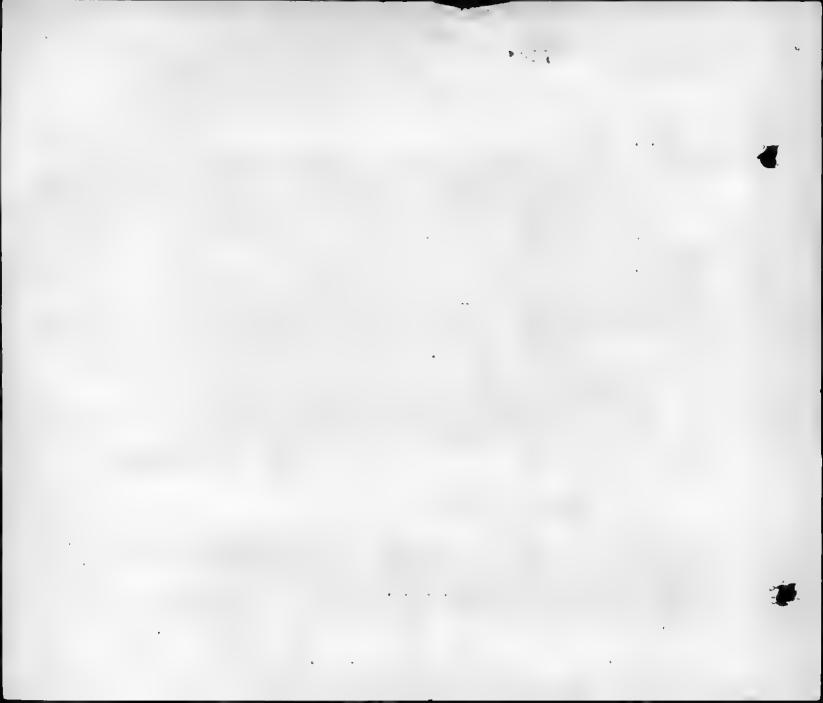
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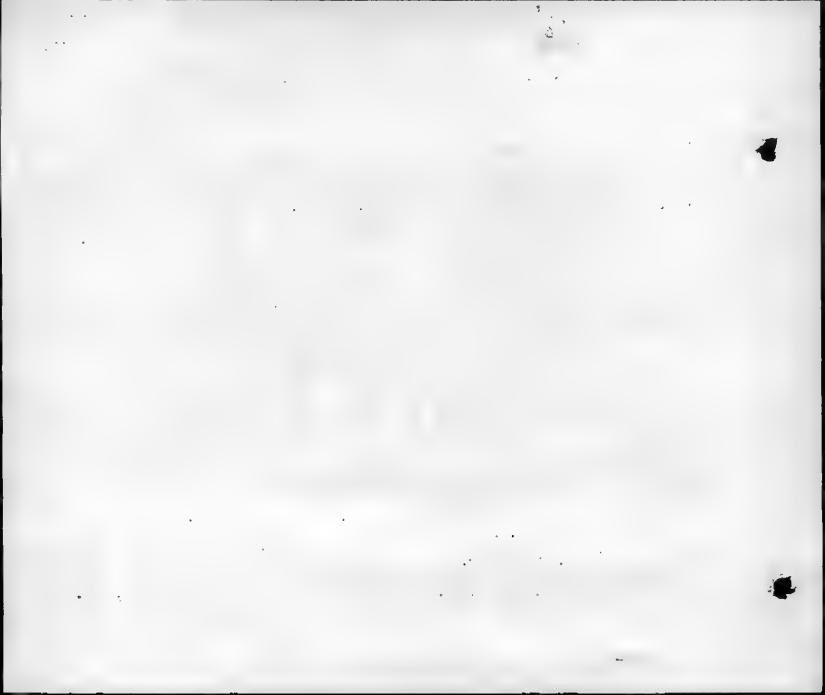
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY		_			USUAL RESIDENCE (Who		l lived. If institution	4. 4		
	inne Arunde		MARYLA		Mary				Arund	
b. CITY OR TOWN (IF RURAL and give new	outside carporote limi	its, write	c. LENGTH OF STAY IN	1 Tb	CITY OR TOWN (If a	utside carpoi	rate limits, write R	URAL and giv	ve negrest l	tawn}
Annapoli	.8				RURAL -	<ul><li>Loth</li></ul>	ian			
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street ai	ddress)		d. TREET ADDRESS				e. IS	RESIDENCE
Anne Arundel	General H	Hospit	al			_				NO 1
3. NAME OF DECEASED {Type or print}	Fio	rst	Middle	M	CRELAND	4. DATE OF DEATH	Januar		Day 7	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	[X] B. C	ATE OF BIRTH		9 AGE (In years	-	YEAR IF U	NDER 24 HRS
Male	Negro	WIDOWED	DIVORCED [	_ J.	anuary 7, 19	961	last birthday) yrs.	Manths D	Days   Ha	urs Min.
00 USUAL OCCUPATIO	N (Give kind of wark	dane 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (State	ar fareign co	ountry)	12 CITIZI	EN OF WH	AT COUNTRY
	ng life, even if retired	)			Maryland	a			U.S.	
Newbort  3. FATHER'S NAME	1		<u></u>	1	4. MOTHER'S MAIDEN N				0.10.	
	on MORELAN	JD.		1	Esther Dore		JOHNSON			
S. WAS DECEASED EVER		_	OCIAL SECURITY NO.	17. INFO		a ollo1	Add	Part		
	f yes, give war or dates of s		OCIAL SECURITI NO.	17, 1140		an in the same		000		
					Hospital	regor	us			
Canditions, iron gave rise to in cause (a), stating t lying cause last.	he under-	)	remakurity.		MA FULL I FY	NAL DISEAS	E CONDITION OF	Chi (b) DAOT		day
CAT	S UNDERLYING []				Enter nature of injury in F				PE	REORMED?
20c. TIME OF INJURY Haur a. m. p. m.		or 20d IN. While at wark	Nat while		OF INJURY (Hame, farm, , street, affice bldg., etc.		ar tawn)	(Co	ounty)	(State
saw the decease	(I) (thickespitosed alive an Ja				an. 7, 1963, th accurred at	ta M, fram	Jan. 7 the causes an			
220 SIGNATURE	EMAI HA	coder	en la	M.D	144	ECTOR	STAFF PHYS		1/1	226 DATE SIGNE 0/61
22c PHYSICIAN'S NAME (Dype)	James I.	Hudson	ng Jr.		22d. ADDRESS River Club	Estat	es, Edger	water,	Md.	
23a. BURIAL, CREMATIO	N. 23b. DATE THEREC	OF .	THE NAME OF CEMETE	RY OR C	REMATORY	23d A LOCA	Con (City, town,	er county)	1 1	State)
SIMOVAL (Specify)	1-11-19	761	ADDRESS ADDRESS	102	1	Zel	hean		1/2	



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	PLACE OF DEATH a. COUNTY	Anne Aruno	iel	MARYLANI	2. 4	JSUAL RESIDENCE (WI I. STATE Marylan	here deceased li	ived. If institution b. COUNTY		Arund	
		If autside carporate lim		c. LENGTH OF STAY IN 11	, ,	. CITY OR TOWN (If	outside carporat	e limits, write RU		2	
	RURAL and give n	m 4		l day	1	·	- Lothi				
	d. NAME OF HOSPI	AL (If not in haspital,		address)		STREET ADDRESS	0 0 14 2	, to 4 (MIN)		C	RESIDENCE ON A FARM?
-		el General					1			116	
-	NAME OF DECEASED (Type or print)	Fi	rst	Middle	M	ORELAND	4. DATE OF DEATH	January		Day 8	Year 19 61
	SEX	6. COLOR OR RACE	7. MARRI	ED 🔲 NEVER MARRIED 🛚		TE OF BIRTH	.	AGE (In years last birthday)			INDER 24 HR
J.E	ale	Negro	WIDOWE	D DIVORCED	Jan	uary 7, 19	61	yrs	Prioritis D	2	3 05
Oc.	during most of war	DN (Give kind af wark king life, even if retired	dane 10b. I	KIND OF BUSINESS OR IN	DUSTRY			ntry)	12. CITIZI	EN OF WH	IAT COUNTRY
_	Newbo		<u> </u>			Maryl	and			U.S.	
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
¢	John Clift	on MORELAN	D			Esther Dor	eather	JOHNSON			
	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17	. INFORM	MANT		Addre	185		
	,	the bank Burn and an anima an				Hospital	records	•			
7	Canditions, If a gave rise to it cause (a), stating lying cause last.	mmediate the under-	) ) )	Prematurity -							day
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEATH &	TON TU	RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	IN IN PART	PI	FREORMED?
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUI	RED (En	ter nature af injuty in	Part I ar Part II	af ilem 18.)			
MEDICAL	20c TIME OF INJUI Haur a, m, p, m,	RY Month, Day, Ye	20d, 1N White at work	Nat while		OF INJURY (Hame, form street, affice bldg., etc		rtawn)	(Ca	ounty)	(Stat
		_		ed the deceased fram							
	22a SIGNATURE	sed alive an এন্ডা	la_Q_	19 61 , and tha	t death	accurred at		ne causes and	J an the	date sto	22b DATE
	John	us & Huds	ism	LMD-	M D	ATTENDING MPHYS.	IED.	STAFF PHYS.			L/10/6
	22c PHYSICIAN'S	James I. I	Hudson	Jr.		22d ADDRESS River Club	Estata	s_ Edgew	mtan	Md.	
230	BLR AL, CREMATIC BEMOVAL (Specify	ON, 236 DATE THERE		The Make OF CEMETERY			23d UDCAT C	-	county)		(State)
24	FUNERAL DIRECTOR	'S SIGNATURE	/	ADDRESS	7	250. REC	D BY REGISTRA	AR 25b REGIST	TRAR'S SIGN	NATURE	
11	Villin	mRoppo	#/	MAKA	1/1/1	DATE					

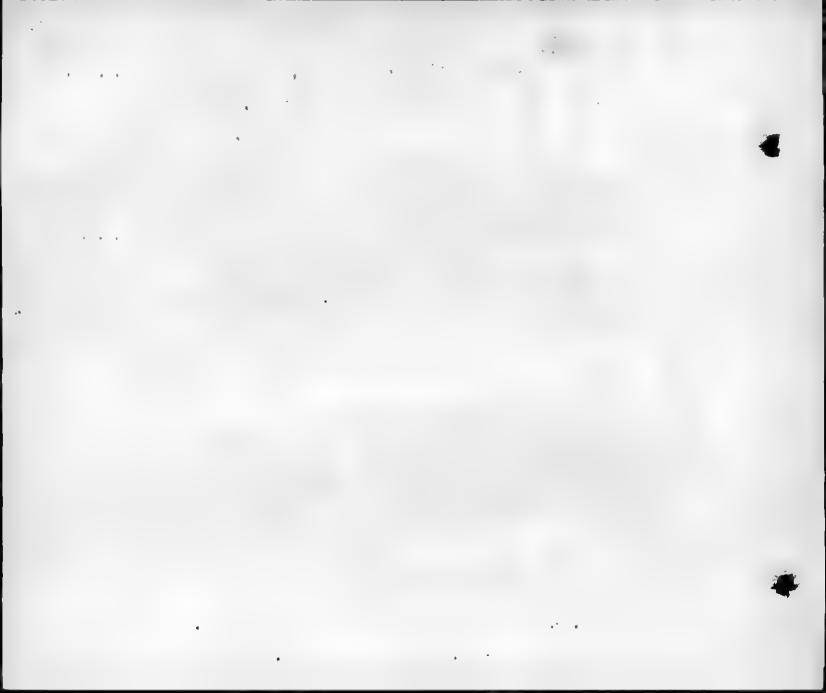
TO HOSPITAL OR ATTENDING PEYSICIAE: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be detailed by the hospital or ottending physician.

TO FUNERAX DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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o. COUNTY 38	Marley Ave, G	en Burnia A	2. 1	STATE Md.			• A • Co •
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write nearest town)	c. LENGTH OF STAY	- 11	city or town (if or len Burnie		, write RURAL and g	ive nearest town]
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in haspital, give stre N	et address)		d. STREET ADDRESS 387 Marley	Ave.		e. IS RESIDI ON A FA YES 1
3. NAME OF DECEASED (Type or print)	MARY <sup>First</sup>	r nieci	esson	Lost	4. DATE OF DEATH 1/29	/61 <sup>Month</sup>	Day Yes
5. SEX	wWhite woo	RRIED NEVER MARRI MED DIVORCE	o Ju	te of Birth 1y 17 1894	lari R	46 4 4	TYEAR IF UNDER
100. USUAL OCCUPA during most of w	FION (Give kind of work done 10 orking life, even if retired)	House Wife		11. BIRTHPLACE (Stole ( Missouri	or foreign country)		S.A.
13. FATHER'S NAME	Unknown			MOTHER'S MAIDEN N	AME		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? [] (If yes, give war or dates of service)	6. SOCIAL SECURITY NO	- h	MANT h G. Neces:	son 387 M	arley Ave	, Glen Bu
Conditions, if gove rise to cause (a), stolic lying couse lo:  PART II. CO  20a ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	g the under DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lose ATH BUT NOT		NAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AU PERFORM YES T h
I E	IG 🔲 CAUSE OF DEATH!	SCRIBE HOW INJURY O	CCURRED. (En	er nature of injury in P	ort I or Part II of item	18.}	
	- MEDICAL EXPONITATELY						
200 ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI UNDER THE OF INJ Hour o. n	JRY Month, Day, Year 20d. Whit	INJURY OCCURRED  Not while of wark	20e. PLACE Officery,	F INJURY (Home, form, street, office bldg., etc.)	20f (City or town)	(C	ounty)
ZOC TIME OF INJ Hour o. n p. n	JRY Month, Day, Year 20d. Whit	Not while of wark one wark of wark	20e. PLACE Of foctory,  death occurrence M.D.	, 1961, to 1	20f (City or town)  2-9  M, fram the components (Street, city)  References	19.6/.,that 1.1	ast saw the de

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



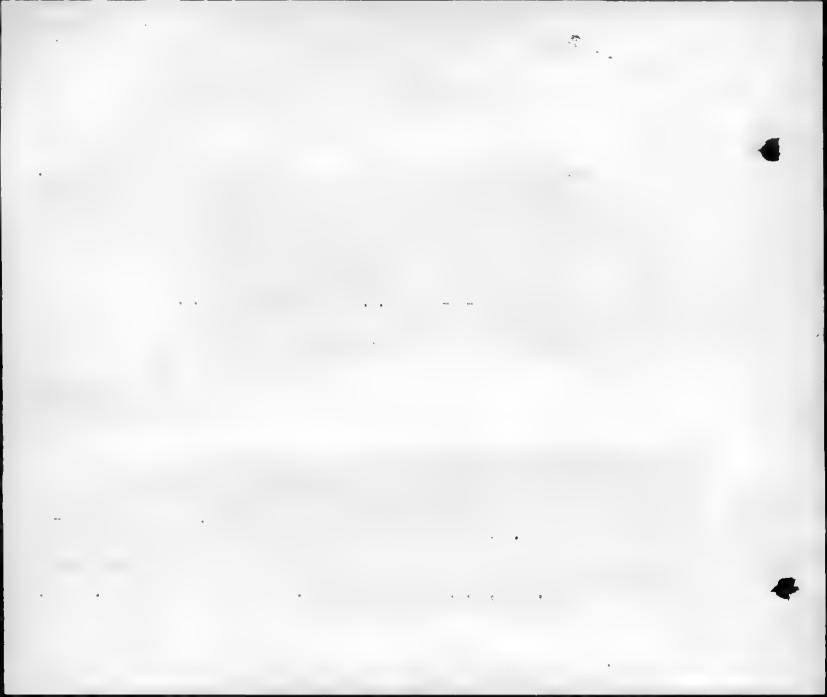
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1)	43	1	1	13
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- 1		I TO COLUMN TO A C				
	o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who state unit of the state		If institution: Resid COUNTY	ence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RUBAL and give nearest lown) Glen burnie	120 days	Unknown	utside corporate lin	nits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Plaza Manor Nursing Ho	· ·	d street address Unknown			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Martha Parran	Middle	Last	4. DATE OF DEATH JS	Month nuary 12,	Day Year 61
		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12-25-1887	9 AG	E (In years IF UND birthdoy) Manths	ER 1 YEAR IF UNDER 24 HRS Days Haurs Min.
	10a. USUA. OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Unknown	b. KIND OF BUSINESS OR INDUS Unknown	Unknown	ar fareign country)		ITIZEN OF WHAT COUNTRY?
V	13. FATHER S NAME		14. MOTHER'S MAIDEN N	IAME		
4	Unknown		Unknown			
	1S WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no. or unknown) (If yes, give war or dates of service)		T.Merani-Balt	imore D.I	Address	
	DUE TO	teriosclerotic	cardiovascula	r diseas		Unknown  Unknown
	lying couse last. (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN P	ART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO EN
	PART I. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I ar Part II of	item 18 )	
	ZOC. TIME OF INJURY Month, Day, Year 20d Haur a.m. Wh p. m. 19	ž	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		vn)	(County) (State)
	21 I certify that (I) (this-hospital) atters as the degraded alive on Jane 220, signature  220 Pyrisician's playe (Type)  James M. Pair	1961, and that a	M. D. PHYS M. DI  22d. ADDRESS	M, from the c	causes and an t	
	230 BUMAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 1-14-61	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (	City, town, or county	r) (State)
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE
	Charles R. Law 802 Mad	ison Avenue	DATE J	AN 1 6 '61	Ordi un	S. Kraup



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN 142 MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution, Residence before admission is necessary, director, Page r your files, and of Health, a. COUNTY e. STATE 6. COUNTY Arundel MARYLAND Same c. CITY OR TOWN (If outside corporate Tim's, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 16 director, for your write RURAL and give nearest town) 77 7 TO 1 10 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? be reta YES NO TO 417 Magnolia DJ. 3. NAME OF AA ddla 4. DATE Month DECEASED OF (Typs or print) DEATH Reginald R 1 and 2 with 1 72 hours after 6. COLOR OR RACE 5 SEX AGE (In years IPUNDER'S YEAR IF UNDER 24 HRS 7. MARRIED TI NEVER MARRIED last birthday) Months | Days DIVORCED in pencil in Item 18, Give Pages 1, 2, an 's Office along with form PM3. Page 5 m a burial-transit permit, File pages 1 and 2 emoval, and in any event WIDOWED [ 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) 10a. USUAL OCCUPATION (G va kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) . altimoro, l'i. (Jor relat of 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dalfour E. Perry Marior II WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address es, no, or unkown) | (Ifyesgive werordales of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gaya rise to immediata cause "pending" 10 Examiner's **DUE TO** 98 (a), stating the underlying cremation, PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 28 base execute the certificate, writing the word should be forwarded to the Chief Medical E PUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Iam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH burial, 2Dd, NJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 2Df, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) fectory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry by and in my opinion Natural causes [7] death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER-F EXAMINER'S NAME (Type) Address (Street, city, fown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY DEF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 740 P ò Park Cemetery Baltimore 248, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME 1 DATE JAN 1 8 '61 arillar S. Krous Glen Burnie, Md.



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Circhar & Kroses

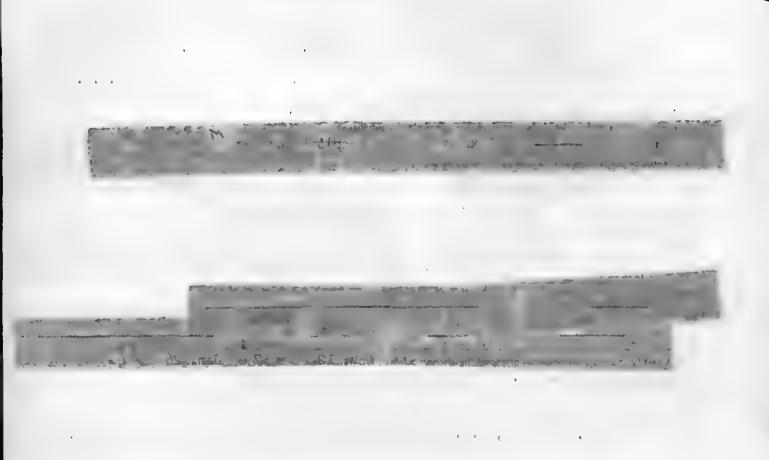
DATEJAN 3 0 '61

			143		CERT	IFICA	IE OF DEA	XIII			( ) ( ) ( ) (	-46.44	
1							2. USUAL RESIDEN	CE (Where decease		on Residen	ce before	admiss	ion)
. /	, 0	AY.	me Arundel		MA	RYLAND	Laryla	nd	b. COUNTY	Anne	e Ar	unde	el
000	% b	CITY OR TOWN	(If outside corporate lim	its, write		AY IN 16	c. CLTY OR FOW	/N (If outside corpo	rate limits, write R	URAL and p	give near	est town	+)
-01					-	darre	X Galesv:	ille		2 1			
	c	d. NAME OF HOSP	TAL (If not in hospital,	give street			d. STREET ADDR	RESS	-	17	e	IS RES	IDENCE FARM?
				Hosp	ital		Unknow	n					NO [
	3. 1	NAME OF				dle	Last	4. DATE	Mon	th	Day		Year
			Dar	niel			Peters	OF DEATH	1		2	6	1961
	5 S	SEX	6. COLOR OR RACE	7. MAR	RIED 🔀 NEVER MA	RRIED [	B. DATE OF BIRTH	6/1/12	9. AGE (In years		_	FUNDE	R 24 HF
		Male	Negro	1			6//1910?	477.00	A A A A A A A A A A A A A A A A A A A	Months	Days	Hours	Min.
	100	USUAL OCCUPAT	ION (Give kind of work	done 10b	KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPLACE	(State or foreign o	ountry]	12. CIT	ZEN OF	WHAT	OUNTR
_		Farmer	irking life, even if refired	1)	Unknown		Maryl:	and		I	J.S.	A .	
r	13	FATHER'S NAME		- '			14 MOTHER'S MA	IDEN NAME					
L	1	Unknown	~ ~~				Unkno	WIR					
	15.	WAS DECEASED EV			SOCIAL SECURITY	NO. 17 IN	FORMANT	, , ,	MAR Gad	Tens De	T-F-X	25	
	fame	No	jiff yes, give wor or dates of	Petracis	Unknown		Hospital	Records	Tra .	287	1/10	0 1	11
		18. CAUSE OF DE	EATH [Enter only one c	guse per l	ine for (o), (b), and	(c).]	- 7 12 - 7			. ,	INTE	EVAL BE	TWEEN
		PART I. DE	ATH WAS CAUSED BY:	, U	remia	. >	,		•		ONSI	I AND	DEATH
		443											
		Canditions, if	any, which )	, H	ypertensi	ve Car	rdiovascul.	ar Diseas	e				
		gave rise to	immediate (										-
				c)									
	Ž	PART II. O	THER SIGNIFICANT CO	ADIT:ONS	CONTRIBUTING TO	DEATH_BUT	NOT RELATED TO THE	ETERMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	WAS	AUTOPS RMED?
1	7	Chron	ic Brain Sy	mdro	me associa	ated w	rith Alcoh	olism					NO [
	TIFIC	200 ACCIDENT W	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY	COCCURRED	O. (Enter nature of inj	jury in Part I or Per	rt 11 of item.18 )				
	_	(IF EITHER NOTE	* MEDICAL EXAMINER		-								
	CAL			- 1		20e PLA	ACE OF INJURY (Hom	ne, form, 20f (Cit	y or town)	(0	ounty)		(Sto
	MED		10			1	7, siece, direct of	og tetti				-	
		21 I certify th	ot (I) (this haspita	1) atten	ded the decease	ed:frām .	Nov. 12	19 57.40	Jan. 26	19.6	51. the	1 (1) (	we) o
		22a SIGNATURE		1	1	110 11101 0	0.550.100	AM		0 011 1111		22	b. DATE
OR INSTITUTION  Crownsville State   Iospital   Unknown   Opt    Daniel   Peters   Opath   1   26    Sex   Occord or race   7. Married   Negro   Divorced   Opath   1   26    Sex   Occord or race   7. Married   Divorced   Opath   1   26    Male   Negro   Middle   Peters   Opath   1   26    Sex   Occord or race   7. Married   Negro   Divorced   Opath   1   26    Male   Negro   Negro   Negro   Divorced   Opath   1   0    Negro   Negro   Negro   Negro   Divorced   Opath   1   0    Negro   Negro			6/6]	SIGN									
		22c. PHYSICIAN'S	1/1/										
		, wate (1)pc)	L. Bened	lict,	M.D.		Crown	sville St	ate Hosp	ital,	Mar	ylar	ıd_
PLACE OF DEATH   C.CUMITY Anne Arundel   MARYLAND   C.CUMITY Anne Arundel   D.C. COUNTY Anne Arundel					(Sta	re)							
		REMICIAL (SPECIT	" 1/29/61	/	1 ,		11.	, , ,	- (		_		
	24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	A .	1 250	O REC'D BY REGIS	TRAR 25b, REGY	STRAR'S SIG	SNATUR	E	

the funeral director, should be filed with D HOSPITALISM STIELDING FLYSICIAN: The low requiring that the death pertificate be executed within 24 has year the hospital or attending physician.

D FUNERAL LIRECTOR: After this certificate has been signed by the aftending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I are State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death

moy be i VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 7 Film32,9 1-27-61 et CERTIFICATE OF DEATH Reg. Dist. No. 2 3 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) are her lef d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION 101 maple Lane YES NO IN NAME OF 4. DATE OF DEATH / Casharen (Type or print) 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ACE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED [ DIVORCED [ 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Philadelesper U.Sa Housewile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 101 March Long Flasher 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carolio- Vuncalar JY-AN DUE TO multiple Scheroson 20 year Conditions, if ony, which ) gove rise to immediate DUE TO coese (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of Item 18.] 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. [City or town] (County) (State) factory, street, affice bldg., etc. Hour o. m. Not while of work of work 21. I certify that I attended the deceased from from 1920, to dan 19 1961, that I last saw the deceased , and that death accurred at C. M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 10 F PHYSICIAN'S S. Bellingslea NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) Meadowriage Memorial Park, Elkriage, Howard Co. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hopping and Kirkley, Glen Burnie, Md. DATEJAN 2 4 '61 arthur S. Kraus



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

e IS RESIDENCE

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 17

(State)

22h DATE 5 GNED

(Stote)

USA

(County)

YES NO 🔼

1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY MARYLAND Anne zauntel b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ond give negrest fown)
Pasadena Green Haven. vrs. Pasadena d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS 3rd and Outing Ave. 3rd and Outing Ave. NAME OF 4. DATE Middle Paul Joseph Plum (Type or print) DEATH Jan. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Male Months White 68 WIDOWED | DIVORCED | 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Bakerv Baltimore. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anarew Plum Tina Pencek Address Balto. 31 IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes no or unknown MrssThelma Plum. 402 S. Register St. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] monary occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CATION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) MEDICAL TIME OF INJURY Manth. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Doy, Year factory, street, office bldg , etc.) Hour o.m. While Not while of work of work p. m 21 I certify that (1) (this haspital) attended the deceased fram. \_\_\_, 19<u>6</u> /, that (I) (we) last 196/, and that death accurred at I/A,M, from the causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Gene D. Trettin M.R. 715 Cruen Rd 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City, town, or county) Burial (Specify) Jan. 18. 1961 . Glen Haven 24 FUNERAL DIRECTOR'S SIGNATURE 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Glen Burnie. Hopping and

funeral director, ald be filed with shauld

death. Pages ond g physician cremave carb attending please signed if

TO FUNERAL VR A15 (4) 15M II/59

detached

DIRECTOR:



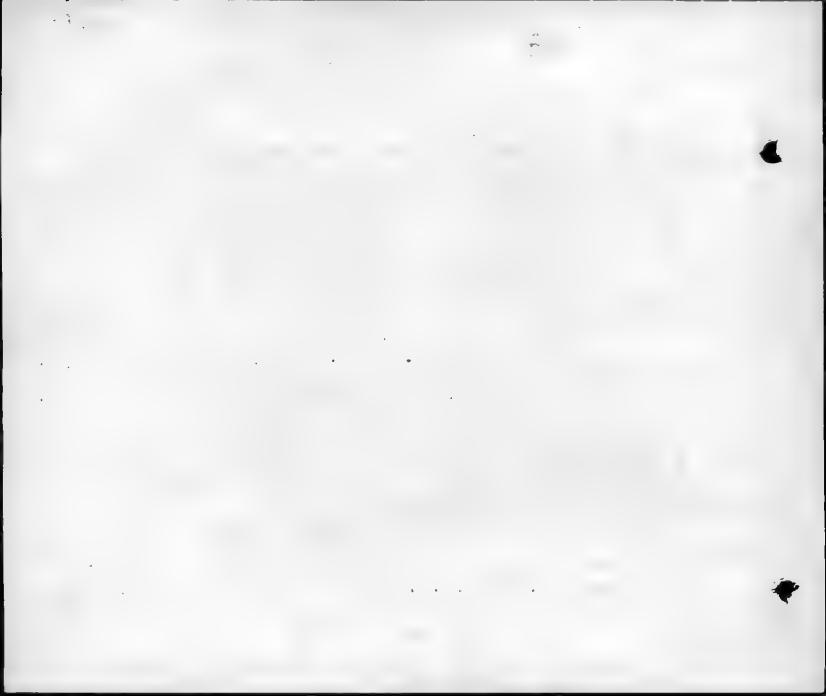
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	3.20	
vi)	1. PLACE OF DEATH o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence to o. STATE AND COUNTY)	pefore admission)
	b-CTY OR TOWN (If outside carporate limits) write c. LENGTH OF STAY IN 1b CTY OR TOWN (If outside carporate limits) write RURAL and give	nectrest town)
X	d NAME OF HOSPITAL AT POLIFI hospital. give street ordregs)  GR INSTITUTION  1. 2. Multiville  1. 2. Multiville	e IS RESIDENCE ON A FARM? YES NO X
	3 NAME OF DECEASED (Type or print) First Alson Aucles 4. DATE OF DEATH  Middle Aucles 4. DATE OF DEATH	Doy Year 196
	SSEX 6. COOR OR RICE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH (In yedrs last birthdoy) WIDOWED DIVORCED 4-2-1888 9 AGE (In yedrs last birthdoy) Windows Day 18 DAY	ys Hours Min.
	distribution most at warking title, even if retired)	SA
	13. FATHER'S NAME HENRY QUEEN 14 MOTHER'S MAIDEN NAME UNKNOW	on
	15. WAS DECEASED EVER IN U. S. ARMED FORCEST & SOCIAL SECURITY NO. 17 INFORMANT Address (1/48, no. 50) July July (1/48, 1914) (1/49, 19	Wash &
		I day
	Canditions, if any, which gove rise to immediate (b)	2 yrs.
	couse (a), stating the under   Ceneralized arteriosclerosis   lying cause last.   Ceneralized arteriosclerosis	5 yrs.
4.54	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PERFORMED? YES NO
0	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at w	
	21. I certify that (I) (this haspital) attended the deceased fram January 14161, to January 15, 161, saw the deceased alive an January 15961, and that death accurred atM, fram the causes and an the d	ate stated above
1		an. 17, 19
	Physician's Name (Type) Theodore H. Johnson, M. D. 22d ADDRESS 37 Calvert Street, Annapolis,	Maryland
	230 BUR AL, CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 230 DOCATION (City, IDWA, or CAUDILY) BURNOVAL (Specify) 1-20-1961 BLEWEL HILL CAMBRIDGE	Mill
	ADDRESS SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNAL DATE JAN 18'61 Custum 8 to	AT JRE

TO HOSTITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the hospital ar attending physician.

TO FUNER. DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the funeral director, page 3 shared be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any eyest, within 72 hours after death. VR A1S (4) 1SM 9/S9



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

C0149

		1/.7		C II.	KIIFIC	AIE	OF DE	AIII							
1. F	LACE OF BEATH COUNTY Anne	Arundel			MARYLAN	2	usual reside	NCE (W)	here decease	d lived If b. C	institutio OUNTY	n Resider	nce befor	e admis	sion)
k	CITY OR TOWN (IF O	utside corporate limits,	write		tre.	ь	c. CITY OR TO						-		n)
1	NAME OF HOSPITAL	(If not us haspital, our	street	oddress)	AT. D.	1	d STREET AD		Burn	re (	_Mai	ley		e. IS RES	SIDENCE FARM?
	201 Mar	ley Neck	Ros	ad			201	l Ma	rley	Necl	R Ro	L			NO
(	NAME OF DECEASED Type or print)	Alonz	a	Li	ttle	Rei	nhard1	ե	4. DATE OF DEATH		Jar Jar		3,		Yeor 1961
5 5	Male 6	White w	MARR /IDOWE		R MARRIED [		ATE OF BIRTH  June  ]	L5,	1883	9. AGE (I last bir 77		IF UNDER	Days	Hours	ER 24 HR Min
0a	USUAL OCCUPATION during most of working Paperhang	(Give kind of work dor life, even if retired) er -Ret.	ne 10b	KIND OF BUS	INESS OR IN	DUSTRY		ce (Stote		country)		12 CIT	USA		OUNTR
3.	FATHER'S NAME	Dodnis				1-	. MOTHER'S A							-	
	Louis	Reinhar			In			Cmma		Marı			_		
ST.	O or unknown) (12.)	N U S. ARMED FORCE		50CIAL SECU 12-07-		JO	hn D.	Rei	nhar	dt, z	্র ১০ <u>১</u>	en l	Burr Ave		
7	Canditions, if any, gave rise to imm cause (o), stating the lying cause lost.	nediote DUE TO	Ca	Roud	sy )	W			<i>\( \)</i>						DEATH
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT										EN IN PAI	RT I(a)	PERFO	DRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI	CAUSE OF DEATH	b. DESC	CRIBE HOW IN	NJURY OCCU	RRED. (E	nter noture of	mjury (n	Port I ar Po	rt II of dem	1B.)				
MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Manth, Day, Year 19	While	NJURY OCCUI Not whi k at work	le		OF INJURY (He , street, affice I			y ar tawn)			(County)		(Stote
	21 <b>I certify</b> that (	(700)	attend V 1				h occurred		53, ta M, fram						
	220 SICHATURE	achall	ell	MI		M.D	ATTENDING PHYS.	∐ DI	ED IRECTOR	STAFF PHYS.				22	b. DATE SIGNE
	22c PHYSICIAN'S NAME (Type)	C. R. Ma	cDo	nald,	M.D.		22d. ADDRES 204	-	in He	ghy,	SW.	_Gle	n_B	urn	ie.
	BUR AL, CREMATION PEMOYAL (Specify)	1/6/61	4_0		of CEMETER				23d LOCA	it on icity	, town, o	or county)		(Sta	
*	FUNERAL DIRECTOR'S	44	rhz	LEYDDRES					D BY REGIS	TRAR 2	Sb. REGIS	STRAR'S S			
İ	dopping a	nd Kirkle	у.	Glen	Burni	e.	Md .	DATE J	AR B	'61	a	when I	1. Then	A.B	

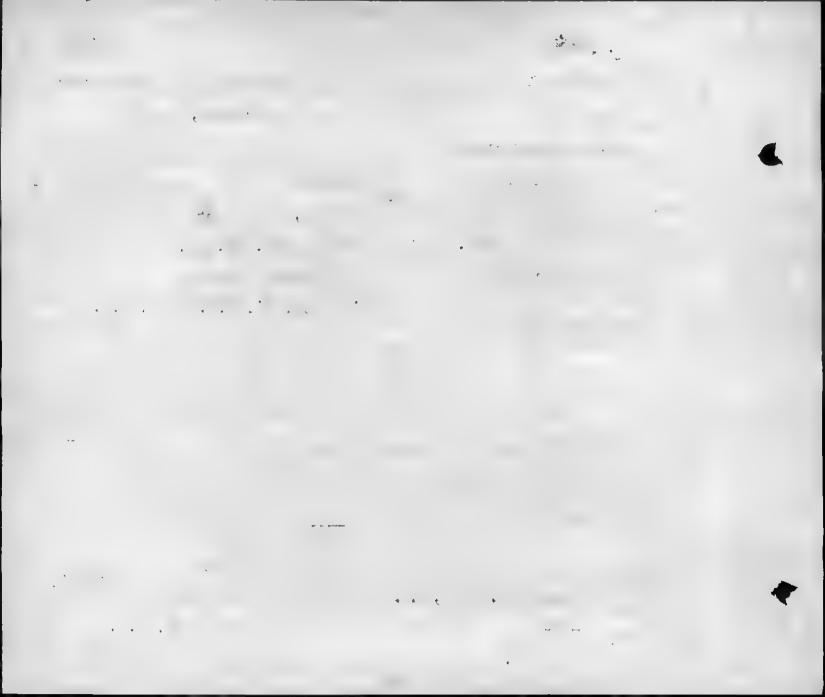
TO HOSPITAL OR ATTENDEDGE MEYSICIAM: The low requires that the death certificate bill executed within 24 haurs after death. Pinge 4 may be the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 mills should be falled with the State Board of Health prior to burial, cremotion, ar remayol, and in any event, within 72 hours offer death.

VR A1S (4) 15M 9/59



Film 2 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 148 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. delay is nec. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporete | mits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Barbersville, Laurel Odenton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1126 Annapolis Road YES NO J. NAME OF First M ddle Last DATE Month Day Yaar 4 DECEASED rel OF the RICHARDSON (Type or poul) SAMUEL DEATH 16 19 61 January 8 6. COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 2, and and 2 with and 2 with a pours 5. SEX lest birthdey) Months Male Colored WIDOWED [ DIVORCED [ June 1905 10 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page as 1 an dang during most of working life, even if retired) Chauffeur Pvt. family Prince Geo. Co. Md. USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Patrick Richardson Elizabeth Douglass permit. File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr George 3540 10th. 16. SOCIAL SECURITY NO.1 17. Richardson N. W. Wash. [Yes, no, or unknwn] ! (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ertificate should be exe d'hpending" in pencil ir Examiner's Office alon a used as a burial-frans ition, or removal, and IMMEDIATE CAUSE (e) Extensive 2nd and 3rd Degree Boy, Burns **DUE TO** Conditions, if any, which (b) geva rise to immadiata couse DUE TO (a), steting the underlying Examiner' cause lest. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? ould be the word Medical should be acute alcoholism YES TE NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: Fire in Purr House writing 1 e Chief 1 Page 3 s the Chie R: Page 3 ior to bu 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (Stata) factory, street, office bldg., etc.) Not While Hour XXXX al work | al work -2:45 p.m. 6/6319 Odenton 21. I certify that I took charge of the remains described above, held an Autopsy 3. Inspection 50 4 Inquiry and in my opinion per sectificate the certificate should be forwarded to reunishan directo Accident Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. NAME (Type) Petty, M.D. Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 40 6 1-28-60 Woodlawn Washington, D.C. Ö Burial Holland Funeral 1631 Druid Hill ADDRESS 24a. REC'D BY REGISTRAR I 24b. REG STRAR'S SIGNATURE Home VS. A15ME Cirthur S. France 5M 7/59 DATE JAN 3 B '61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 00151 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before adversion) PLACE OF DEATH · COUNTY **b.** COUNTY MARYLAND era TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town NAME OF HOSE e IS RESIDENCE ON A FARM? YES NO X NAME OF DATE Month Yeor DECEASED OF Pages death (Type or print) DEATH 196 歪 5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely offer Months Days Hours WIDOWED | DIVORCED [ CUPATION (Give kipdrof work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working Tite, even if retired 5 14. MOTHER'S MAIDEN NAME TE INFORMANTA WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. aftending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions of day, which permit. gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. as the burial-transit Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, PERFORMED? certificate has YES NO NO affending 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 206 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) urial, 20c TIME OF INJURY 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Manth, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m While Not while of work at work p m. 4.45 21 I certify that (I) (this hospital) attended the deceased from.\_ 19\_\_\_\_, that (I) (we) last ..., and that death accurred at ........M, from the causes and an the date stated above. saw the deceased alive on DIRECTOR: 22b DATE 22o SIGNATURE SIGNED **ATTENDING** MED. STAFF g M.D. PHYS DIRECTOR [ PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) TO FUNER 23a BURIAL, CREMAT ON, 23b. DATE THEREOF VOCATION (City town, or county) NAME OF CEMETERY OR CREMATORY 23d MEMOVAL (Specify) 256 REG STRAR'S SIGNATURE 24) FUNERAL DIRECTOR'S SIGNATURI 250 REC'D BY REGISTRAR Charley S. Thous CDATELAN 15M 9/59

haurs after death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

00152

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Somerset c. LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporate limits write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown 111e 1 mos.16 days Dames Quarters d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Crownsville State Hospital Unknown YES NO NAME OF 4. DATE Middle Mount Year DECEASED OF Gordy Robinson 61 DEATH 10 (Type or print) 9. AGE (In years lost birthday) 67 yrs JE UNDER 1 YEAR 15 UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH Manths Days Haurs Male Negro May 2, 1893 DIVORCED [ WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Unknown Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Hospital Records Unknown Unknown 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO Generalized Arteriosclerosis Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DO Chronic Brain Syndrome Associated with Arteriosclerosis 20d ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month Day. 20d. INJURY OCCURRED 20f. (City or town) (Stole) Year (County) foctory, street office bldg., etc While 'Hot'SHIF at work at work D. M 21. I certify that (1) {this haspital) attended the deceased fram 11/26 19\_ 61, that (1) (we) last 1961 , and that death accurred at 4:20, from the causes and an the date stated above saw the deceased dive an 22h DATE 22a SIGNATURE 1/12/61 SIGNED STAFF DIRECTOR -MD. PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Benedict. M. D. Crownsville State Hospital, Maryland 23a BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OF CRIMINION (State) REMOVAL (Spec fy) 24 FUNERAL DIRECTOR'S SIGNATURE DATE

þ permit. igned or attending physicials certificate has been se as the buriol-trans After this ed by the PIRECTOR: / may be 7 5 FUNER co 0 VR A15 (4) 15M 9/59

director,

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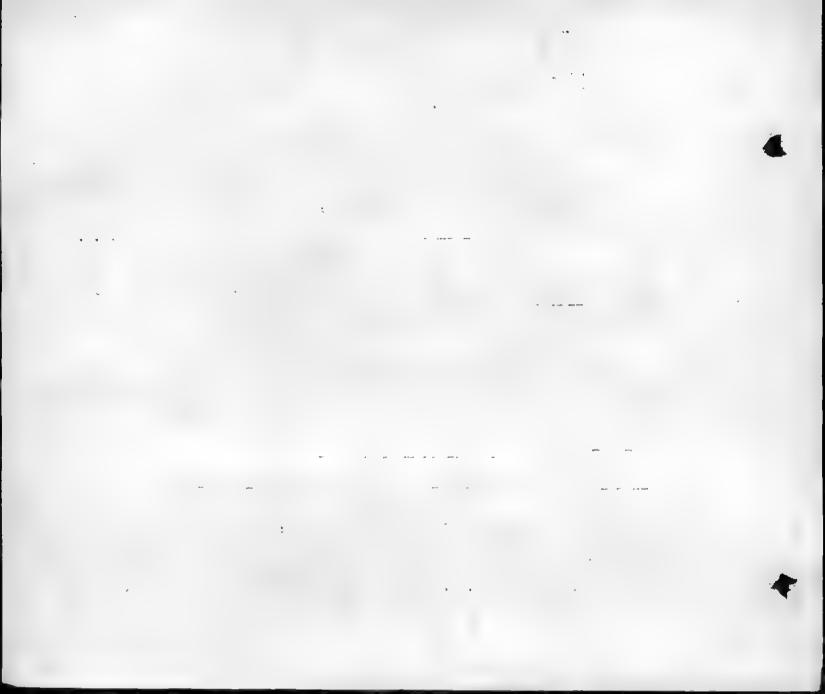
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physician with:

attending



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

C0153

deoth	the funeral shauld be t		ŧ	CITY OR TOWN (If outside corporate limits, a RURA) and give nearest lawn?
offer	the fun 2 shauld	X	1	NAME OF HOSPITAL of not in haspital, give OR INSTITUTION
ours				pame
1 24 h	illed es 1		[	NAME OF DECEASED Type or print)  First  First
within	pletely fille ers. Pages ofter deoth.		5. 5	Example Mite w
xeculed	d comp paper hours o		10a	USLA. OCCUPATION (Give kind of work done during host of working life, even if retired)
le be e	ysician an ove carban within 72		13.	FATHER ETTENE
requires that the death certificate be executed within 24 hours after death	the attending physician and campletely filled Then please remove carban papers. Pages 1 and in any event, within 72 hours after death.	(1)	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES
ath	endin lease any e			1B. CAUSE OF DEATH [Enter only one couse
e de	offe in a			PART I, DEATH WAS CAUSED BY:
÷	the The			15 / X DUE TO
the	호프를			Canditions, if any, which ) (b)
uires	igned by permit. remaval,			gave rise to immediate DUE TO
req	ion. En sig nsit   or re			lying cause last. (c)
The law	ding physicion. ate has been signed a burial-transit permi cremation, ar remavi	ė.	CATION	PART II. OTHER SIGNIFICANT COND
AN: Th	ding e be		CERTIFICATION	20d. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAN:	l ar otten iis certific use as th ta burial,		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.
0	oital a rr this for use iar to		×	р. п.,
NIO	og de la constante de la const			21 <b>I certify</b> that (I) (this hospital) a saw the deceased alive on
118	T			No SIGNATURE
OR A	hed by DIRECTO Id be de			Tu! Michan
0	Bo Cu	17 M2		132 PHYS CAN'S NAME (Type) A. W. PRIC
SPI	FUNEL ) oge 3 sh		230	BURIAL CREMATION 236 DATE THEREOF
HOSP!	may be Secondary Poge 3 the Stat			Burial 1/31/61
10	5 -1		24	FUNERAL DIRECTOR'S SIGNATURE
VR	A15 (4)	1 84	H	opping and Kirkiej

151

1.	o. COUNTY HAN HOUNDE MARYLAND	o. STATE 4- ARA ON O	ence before admission) N BRUNDO 1
	b. CITYOR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURA) and give nearest laying for SURAL CALL	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d NAME OF HOSPITALEIF not in hospital, give street oddress) OR INSTITUTION  Amu	d. street Address	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED [Type or print] E-He! Middle MAY, Vo	Slaman 4. DATE Manth OF DEATH	28 1961
5.	Fenge le Wil Te WIDOWED DIVORCED	B. DATE OF BIRTH    STATE OF BIRTH   STATE   S	Days Hours Min
	during host of working life, even if retired)  Land Supering host of working life, even if retired)  Land Supering life, even if retired)	ISTRY 11. BIRTHPIACE (State of foreign country) 12.CI	TIZEN OF WHAT COUNTRY
L	nack's Silence	MOTHER MAISEN NAME POTTA BOND	5
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17,11 (1) yes, give wor or doles of service) 577-22-619	ALTER Seamon Davis	line mid
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	FAILURE	INTERVAL BETWEEN ONSEJ AND DEATH
	Conditions, if any, which) DUE TO PULLATOWARY	A getas tases	Couly
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stoting the under lying cause last.  DUE TO  (c)  OUE TO  (c)	PCINO MA	1422
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enler noture of injury in Part I ar Port II of Item 18.)	
	Coc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 120e. Pl Hour o. m. 19 oil work 19 oil work	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, affice bldg., etc.)	(County) (State
	21 1 certify that (1) (this hospital) aftended the deceased from saw the deceased alive on	death occurred 124 M, from the causes and on the	(1, that (1) <del>(me</del> ) los
	To SIGNATURE SUCHARA	M D PHYS. B DIRECTOR PHYS	226 DATE SIGNEI
	PHYS CAN'S NAME (Type) W. PRICHARD M.)	9/en Buenie	mol-
23	BUTIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY CO. BUTIAL 1/31/61 Cedar Hill	Cemetery Baltimore 25	(State)
	FUNERAL DIRECTOR'S SIGNATURE COLOR CALLED BURNIE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	GNATURE
1	Hopping and Kinkley, Glew Burnie.	MO. DATE FIRM 1 161	0 10



R STATE HEALTH DEPT. v is necessary, please I director. Page for your files.

If ony delay i 3 to the f

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CC154

	152		E GALLANDIA (	CERTIFIC	AIL OI	DEMIN	Reg. Dist. N	ło.			
1. PLACE OF DEATH	2. USUAL RESIDEN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
Anne	Arundel	MARYLAND	o. STATE Same b. COUNTY Same								
b. CITY OR TOWN (if and give negret four	outride corporale limits, we t	+ FURAL	c. LENGTH OF STAY IN 16	c CITY OR TOW	/N (If outside corp	porote limits, wri	te RURAL and g've	neorest fown)			
	Millersville 3/12										
d. NAME OF HOSPIT	d STREET ADDRESS  o. 15 RESIDENCE ON A FAPM?										
90 Innda	Lane	dermanded this said		Same				YES NO			
DECEASED		Middle	lost	4. DATE OF DEATH		onth Doy Year					
5. SEX	6. COLOR OR RACE	7 MARRIE	A.	Shaw DATE OF BIRTH		9. AGE  in years	19 1961	R IF UNDER 24 HRS			
J. JEA	S. COLOR OR RACE		75	DATE OF BIREM		fout birthday)	Months Days	Hours Min.			
ID- USUAL OCCURATION	Thite	WIDOWED		12 /14/95		65 yr					
during most of working	g life, even if retired)	done loo k	IND OF BUSINESS OR INDUST	1 Canne	Z3/E	ountrys		OF WHAT COUNTRY			
Retired Fa	mer	10	irming		e, <u>Maine</u>		US	<b>A</b>			
IJ. FATHER S NAME	01			14. MOTHER'S MAIL	DEN NAME	2 /					
	56 34	0 W			Nora K	oach					
15. WAS DECEASED EV	(# yes, give wor or dotes of	service)		NFORMANT		Addre					
NO				a jor Jame	s McMan	us (Son-	-In-Law)				
	TH (Enter only one car	ise per line l	for (0), (b), and (c) ]				IN ON	ERVAL BETWEEN			
PART IS DEA	PART I. DEATH WAS CAUSED BY GOTONARY Occlusion Sudden										
476	42 C / DUE TO										
Conditions, if a											
(a), stating the	The state of the s										
couse last.	couse last. (c)										
PART II. OTI	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO THE I	FERMINAL DISEASE	E CONDITION G	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
200. EXTERNAL CA	JSE WAS	6 DESCRIBE	HOW INJURY OCCURRED (	inter nature of injury i	n Part I or Part II	of item 16.)					
h . I						;					
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Doy, Ye	While		CE OF INJURY (Home, ory, street, office bldg	form, 20f. (City	or town)	(County)	(Stote)			
21. I certify t	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my										
opinion death	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner										
ACTUAL SIGNATURE	estone N	h saul	_ M D CHIEF MEDIC	AL EXAMINER			DATE SIGNED				
EVA MINER'S		)	ASSISTANT MEDICAL EXAMINER								
EXAMINER'S NAME (Type)	GUSTAVE H.	FAUBE	RT MD	DEPUTY MEDICAL EXAMINER 1/19/61							
220. BURIAL, CREMATIC REMOVAL (Specify)			221 NAME OF CEMETERY OR ST - LOWIS Cath		/ -	TION (City, lown	or county)	{Stote}			
23. FUNERAL DIRECTOR		Clen	ADDRESS Ma	1-v/a-d 240.	REC'D BY REGIST		SISTRAR'S SIGNATE	URE			
71 /7	4,4	97.7	7. 7. 7. 7. 7.	DAT	E UMN 24	'61	Chilling & A				

TENTIFY MEDICAL EXAMINET This certificate should be within 24 hour after death. If any delay executive rificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fraction of should be founded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be related FUNERAL DIRECTOR: Page 3 should be used as a buriditions'il permit. File pages 1 and 2 with the 5 are its designated agent, prior to buridit cremotion, ar removal, and in any event within 72 hours after deal are its designated agent, prior to buridit cremotion, ar removal, and in any event within 72 hours after deal №5. A15ME 5M 2/57



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) is ne... director. Percountilles. a. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND b, CITY OR TOWN (if outs de corporate I mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straet address) d STREET ADDRESS Shadyside Road Shadvside Road NAME OF F rst M ddla DATE Month DECEASED the di MATLITIM (Type or print) WOLFORD DEATH SHIMMICK January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years , IF UNDER 1 YEAR 2 wit last birthday) Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page dona during most of working life, even if retired) Give Pages pages 1 PM3. 13. FATHER'S NAME ø 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas giva war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). along v transit p PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardiovascular Disease. burial Œ Conditions, if any, which (b) gava rise to immediate cause æ DUE TO (a), stating the underlying 65 60 PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremati the word Medical MEDICAL EXAMINER: This 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaar factory, street, office bldg., etc.) PU MEDICAL SECURATION OF SECURE OF S Hour a.m. Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | X Inspection Homicide death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 🔣 should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should Charles Petty M.D. Add NAME (Type) DEPU Addrass (Streat, city, lown, or county) 22d. LOCATION (City, town, or country) 22a, BURJAL, CREMATION, REMOVAL (Specify) 40 6 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

27

12. CITIZEN OF WHAT COUNTRY?

Morths .

a. 15 RESIDENCE ON A FARM?

YES NOW

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

YES DO

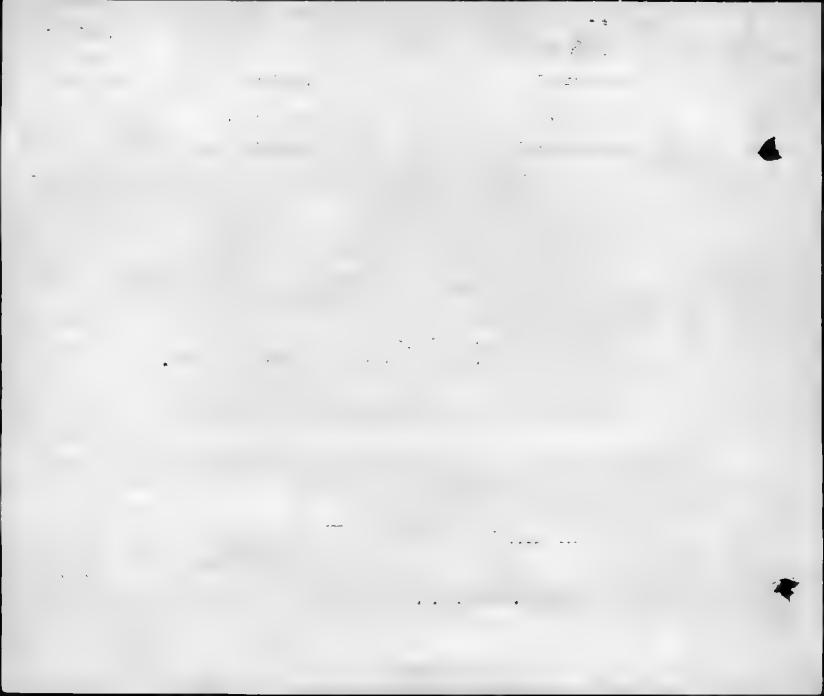
and in my op nion

DATE SIGNED

28/61

(Courty)

IF LNDER 24 HRS



VR A15 (4) 15M 9/59

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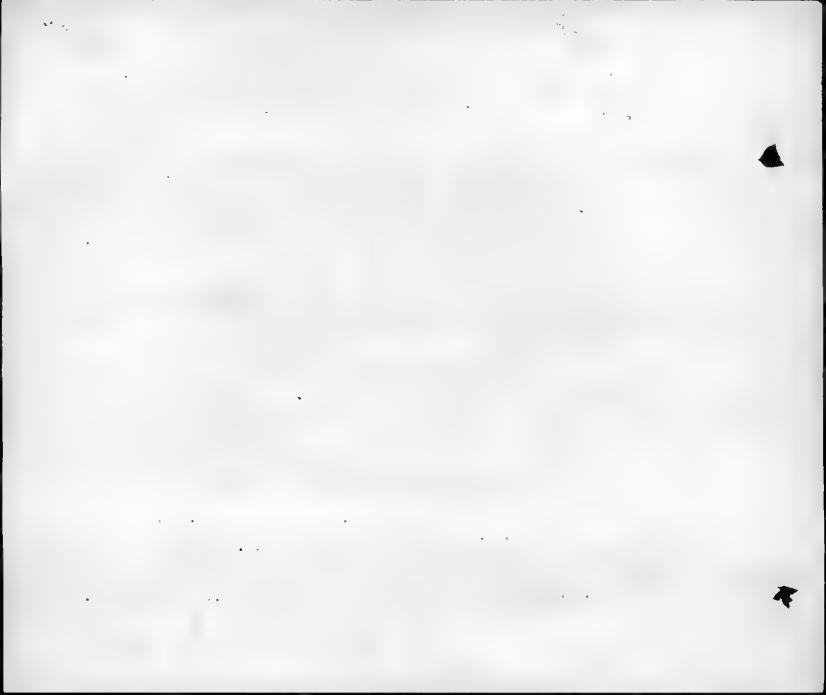
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

154

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	PLACE OF DEATH						DENCE (Who	ere decease	ed lived If institut		ce befare	admission)
	a. COUNTY	nne Arunde	1	MARYLAN	י   מו מו	STATE	aryla	nd	b. COUNTY	Anne	Arun	del
	b CITY OR TOWN (if RURAL and give ne	autside carporate lim	its, write	c. LENGTH OF STAY IN	Ib (	c. CITY OR	TOWN (If at	utside carpo	orate limits, write l	RURAL and	give neare	st tawn)
	Annapol			2 days	$\parallel \times$	F	Rural	- Har	wood			
	d. NAME OF HOSPITA OR INSTITUTION		give street	address)		d. STREET A	DORESS				e.	IS RESIDENCE ON A FARM?
Ai	nne Arunde	l General	Hospi	tal								YES 🚺 NO 🗌
	NAME OF	Fir	rst	Middle		Las	lt .	4. DATE	Ma	nth	Day	Year
	(Type or print)	Eliza				SIM	1S	OF DEATH	Janua	rv	10	19 61
5. :	SEX	6. COLOR OR RACE	7- MARR	IED 🔀 NEVER MARRIED	B. DA	TE OF BIRT	Н		9. AGE (In years lost birthday)			UNDER 24 HRS
F	emale	Negro	WIDOWE	DIVORCED	1 7	)ec /	1 /90	16	54 yrs	Months	Days I	Haurs Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPE	ACE (State o	or foreign o	country)	12 CITE	ZEN OF W	/HAT COUNTRY
	Farmh		To	bacco Far	MPRI	Ma	rylan	d			U.	S.
13.	FATHER'S NAME				14.	. MOTHER'S	MAIDEN N	AME				
	UNEN	OWN				UN	KNOW	N				
15. {Ye	WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16	SOCIAL SECURITY NO.	7 INFORA	MANT		11	Ag	dress In	01	
L					10c	Sin	AMS'	HX	RWood	- 10	ld	
Г	18. CAUSE OF DEAT	TH [Enter anly one co	suse per lir	for (a) (b), and (c).]		- /	2					VAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (c	i)	ulmora	1	sel.	g-un	Y			ONSE	AND DEATH
	443	DUE TO	21	-/	· ·	0.	. ,	٥.	1-			w /s
	Canditions, if an		74	Trescons	wy.	-6-	مسمس	W-c	neve	]		04-17
	gave rise to in cause (a), stating t	V DUE TO	n '		-	0	esto		T . E	100		
	lying cause last.	) (c	1/2	seene ?		av d	een	r-p	11 200	~ Q		
CATION	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS AUTOPSY PERFORMED?
											)	res 🔲 NO 🗌
CERTIF	200 ACCIDENT WAS	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCU	RRED. (En	iter nature o	of injury in P	ort Far Pa	rt II af item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER										
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye	ar 20d. It	Not while			Hame, farm, e bldg., etc.		y ar tawn)	(0	Caunty)	(State
MEG	р. т.	19		at wark								
	21 I certify that	(I) (this sheepits	attend	led the deceased fro	m. Ja:	n. 8.	12.	<b>61</b> , .ta_	Jan. 10	, 19_ <u>{</u>	61, that	(I) (Way los
				1961 and the						•		
	22a. SIGNATURE	/-	200				4:00	A.M.				22b. DATE SIGNEI
		1/26			M.D.	PHYS.		D. RECTOR	STAFF		1/	10/61
	22c. PHYSICIAN'S NAME (Type)					22d, ADDR	ESS				,	, , , , , , , , , , , , , , , , , , , ,
		A. T. All	en			62 (	Cathed	ral S	t. Anna	polis.	Md.	
230	BURIAL, CREMATION	23b. DATE THEREC	OF ,	23c NAME OF CEMETER	Y OR CRE	EMATORY	-	23d LOCA	TION (City, town,	or county)	A 0	(State)
	BURIRC	1-14-	61	Cheuis	Chr	pel		We	ST RIVE	12, 11	id	
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS AA	101	1		BY REGIS		ISTRAR'S SK		
	TA HARA	esty y Son	- 6	alerville,	May	/	DATE FE	,D (	61 6	Irthur S	. /brall	





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s necessory, please	ol director, Page	of for your files.	Board of Health,	(
death. If any lelay i	errificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page	arwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retribed for your files. DO	and 2 with the 5	23 harre after death
thin 24 home offer	8. Give Pages 1,	with form PM3. F	nit. File poges 1	Children or other Party of
d be executed will	n pencil in them, 18	er's Office alang	buriol-transit pern	i had forester as
s certificate shoul	ord "pending" ir	Medical Examine	id be used as a f	. apidometrica
EMAMINER: The	e, writing the w	ed to the Chief	DR: Page 3 shaw	the party of her
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	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18		
	156 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.	57	
1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss	on),	
	O. COUNTY ANNE FIRUNGEL MARYLAND	a STATE MARCY GOLD 6. COUNTY AUGE MILLER	4/	
	b CITY OR TOWN #1 auticle corporate limits, write NUPAL c. LENGTH OF STAY IN 16 and give negrest town!	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	)	
	JUNG DOLLS-MX.	ANNOPOLIS- 10		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		DENCE	
4	INNE ARUNDEL. GOVERZL	BOX 422 - Rt 2-OH, Annapolis - Rd YES 1		
3.	NAME OF First Middle	Lost A. DATE Month Doy Yes	17	
	(Type or print) DAKNELL KO	DEMMERINE DEATH 1 9	51	
5. :	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8		24 HRS	
	WIDOWED DIVORCED	Dec. 27, 1959 1 7 1	ythii	
100	<ul> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ul>	RY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT C	SYRTHUC	
		Baltimore, Maryland U.S.A.		
13	FATHER'S NAME IN STANDARD OF MA	14. MOSHER'S MAIDEN NAME		
	I MI LO MILLIONE	Wegner - Occessor	-	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III yas, give wor or doles of service)	Address Address		
		Il M. W. Asymmetreese		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETOVEN ONSEY AND CEAT		
	IMMEDIATE CAUSE (6) 1-2-31-4	The July 100	RS.	
	DUE TO			
	Conditions, if any, which (b)			
	(a), stating the underlying DUE TO			
1.	cause tost. (c)	Spinished and Sp		
ğ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALPERON	AEDS	
5	TO EVYENNAL CARRES WAS TO THE TOTAL PROPERTY OF CHORES OF	YES	NO E	
CERTIFICATION	PRIMART DE L'ONIRIEUTING LI	nter nature of injury in Part 6 or Part 11 of item 18.)		
-	FOR OF 11011	CE OF INJURY (Home, form, 120f (City or town) (County)	(elo12)	
MEDICAL	While Not while	ary, street, office bldg., etc.)	10	
. 3	21. I certify that (laok charge of the remains described abo	HACO A	-	
			in my	
opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined in				
	CHIEF MEDICAL EXAMINER [7]	INED		
	SIGNATURE CHINALITY	_ M D. CHIEF MEDICAL EXAMINER		
	EXAMINER'S ELINHARY.	DEPUTY MEDICAL EXAMINENT	/	
220	BURIAL CREMATION, 228 DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 20 (Stote) (City, town, op.county) (Stote)	*	
	Bures Some 10 1961 Carbertel	Hell Jones Bluton a	4	
. 23.	FUNERAL DIRECTOR'S SUSTNATURE ADDRESS	240 RECED BY REGISTRAR 246. REGISTRAR'S SIGNATURE	1.4	
1	Hunel It Hamber Annapor	DATE JAN 1 U '61 Orthun 8, Thank		
-				



### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY AACO c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES NO DEATH AGE (In years | IF JNDER I YEAR IF UNDER 24 HRS lest birthdey) i Months Days Hours 11 BIRTHPLACE (Stefe or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore City. U. D.A. Address INTERVAL BETWEEN ONSET AND DEATH PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8. 19. WAS AUTOPSY PERFORMED? NO K 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) $M \oplus$ Inspection A Inquiry Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, clty, town, or county) LOCATION (City, towo, or country)

24b. REGISTRAR'S SIGNATURE

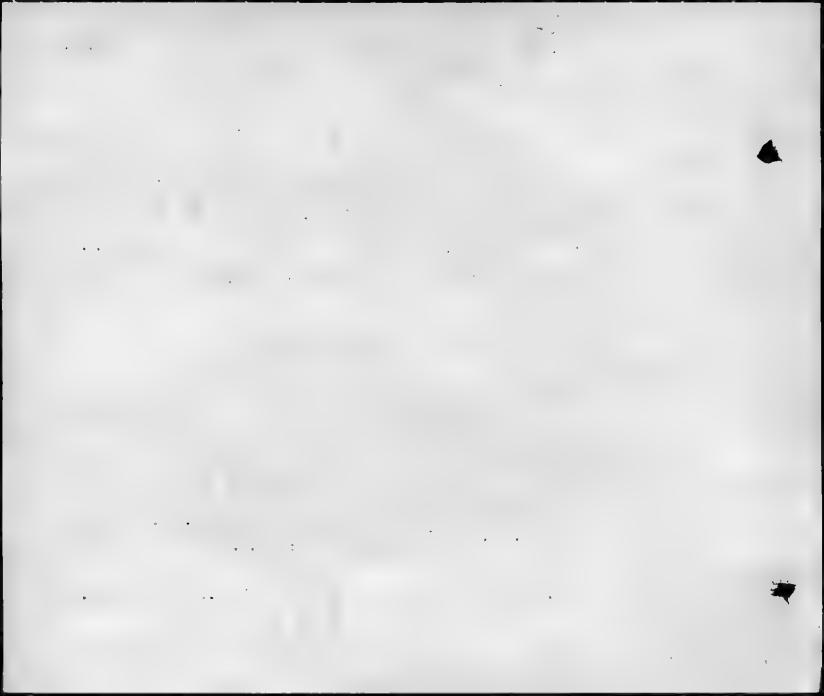


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY Anne Arundel MARYLAND  $\nabla$ b. CITY OR TOWN (if outside corporate Inhits. c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town) E É write RURAL and give pearest town) a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give streat address) ON A FARM? YES NO X 3. NAME OF DECEASED (Typa or print) DEATH 1961 Joseph January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (th years | IF JNDER | YEAR | IF UNDER 24 HRS. last burthday) Months WIDOWED X physician USUAL OCCUPATION GIVE kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S. Maryland Storekeeper Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Margaret Dougherty Jerome Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. (Yas, no, or unkown) (Ifyasg vewarordatasofsarvice) Evo the 18. CAUSE OF DEATH [Enter only one cause per I no for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) DUE TO gava risa lo immadiate causa DUE TO (a), stating the undarlying Heart failure PART H. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO IO 20a ACCIDENT WAS UNDERLYING UP CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) After this o 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) Month, Day, Yaar factory, straat, office bldg., atc.) \_Not While at work at work DIRECTOR: 21. 1 certify that (I) (this happened) attended the deceased from ... January ....... 1958, to .. Jan. ... 19.61, that (I) (909) last 22b, DATE 22a. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. 22c. PHYSICKIN'S NAME (Prpe) 22d. ADDRESS John L. Hedeman Cathedral St., Annapolis, Md. 23d. JOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) EMOVAL (Specify) 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Circling S. Fires 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH





1	CER1	<b>TIFICAT</b>	TE OF	DEAT

- BALTIMORE 1, MARTLAND	00464
EATH	C0161

ı	1. P	D. PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY	in)
		B. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	
	,	RURAL and give nearest tawn)	
		d. NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e IS RESID	ENCE
		OR INSTITUTION ON A F	FARM?
		313 Brillander Level 1000 1001 100 1100 1100 1100 1100 110	
	D	DECEASED	or 61
		(Type or print)  ESTE/IA    OW 30N   DEATH   SALE   19   S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9 AGE (In yeors   IF UNDER 1 YEAR IF UNDER	24 HRS
)	1	last birthday) Months Days Hours	Min.
	_	0a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT CO	DUNTRY?
	_	during most of working life, even if retired)	
	13. 1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		George Holkitter Mary - (UNKNOWN)	
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	
Ì	(145.	(14 NO 216-18-3802 mms. Ross Jondon-Same as	2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  [INTERVAL BET ONSET AND I	WEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Jones Alice Course Cou	34
	1	DUE TO	
		Canditions, if any, which) (b) (access on a cadero) of storage dentium	
		gave rise to immediate cause (a), stating the under DUE TO	
	_	lying cause last. (c)	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AI PERFOR	MED?
	FICA		NO 🗗
	DC		
	l -: I		(State)
	MEDIC	Hour a. m. While Not work of the Not work of t	(sidie)
	*		
		21.1 certify that (1) (this trospital) attended the deceased fram. 1961, that (1) fin	
		saw the deceased alive an January 1. 1961, and that death accurred at 70M, from the causes and an the date stated a 220 S GNATURE 1	DATE.
		50 / lodiquete America M.D PHYS. MED DIRECTOR - STAFF - DURANTE	S GNED
		22c. PHYSICIAN'S 22d. ADDRESS	9/178
		NAME (Type) E. Rodenick Shiphey MD. 529 Comp hende Ra Lingthium Mu	(.
	23a	23d BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, town, or county) (State	]
	2	Buria Specify Jan. 4-61 Loudon Park Consten Ralto md	
l.	24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, RECID BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
		Singleton Fineral Home - Glan BURNIE and DATEJAN 5 161	
	-		

TO HOSPITH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page A may be need by the hospital or oftending physicion.

TO FUNER I DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 2 should be filed with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours ofter death.

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hed by the hospital of offending physician.	TO FUNERAC DIRECTOR: After this cartificate has aleen signed by the attending physician and completely filled the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 c 2 should be filed with	tate Board of Health prior to bursol, cremation, or remayol, and in any event within 72 hours after death.	
moy be r. ned by the	TO FUNERACTURELTOR:	page 3 shauld be defect	the State Boord of Health	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

o. COUNTY Anne Arundel MAR	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b CITY OR TOWN (If outside corporate limits write RURA) and give represent the RURA an	
d. NAME OF HOSPITAL (If not in hospital, give street address) ORNSTITUTION Crownsville State Rospital	d. street address 3834 Eagle Street  e. is residence on a farm? yes \( \) NO \( \)
3. NAME OF DECEASED (Type or print) First Middle (Type or print)	Tripps 4. DATE Month Doy Yeor 61
5 SEX Negro 7. MARRIED NEVER MARR WIDOWED DIVORCE	Months Doys Hours Min.
10a. USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS dur Unichown life, even if relired) Unknown	OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  12 CITIZEN OF WHAT COUNTRY  U.S.A.
13 FATHER'S NAME Jacob Tripps	14. MOTHER'S MAIDEN NAME Francis J. ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY No. 170 (17 yes, give wor or dates of service) Unknown	O. 17. INFORMANT Address Hospital Records
Chronic Brain Syndrome associate	DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS  TENDER OF THE PROPERTY OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS  PERFORMED?  YES NO [
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of work of work of work of work and the deceased saw the deceased alive on 22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type) L. Benedict, M. D.	20e. PLACE OF INJURY (Home, farm, foctory street, office bldg, etc.)  d fram  11/11/  40 1/5/  19 ta 19 that (I) (we) la that death accurred at 1/1/  M D ATTENDING MED DIRECTOR A STAFF January 3, 1961PNE  22d ADDRESS VILLE State Hospital, Maryland
236 (BURIAL) CREMATION, 236 DATE THEREOF 23c NAME OF CENTRE OF CENTR OF CENTRE OF CENTR OF C	METERY OR CREMATORY  23d LOCATION (City town, or county)  (Stote)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DAYEN 5 261 Cina of & fame



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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DHOSPIT OR ATTENDING PHYSICIAN: The law requires that the death entificate be executed within 24 hours after Each Page 4 and be a by the haspitol or ottending physician.

DEUNER HECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 should be filed with the State Board af Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after death.

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1)		PLACE OF DEATH	nne Arundel		MARY	- 11	usual residen	aryla		. If institution b. COUNTY			dmission) .rundel
	ŀ	RURAL ogd give i	(If outs de corporate limite recrest town) ISVILLE	s, write c	II year		c. CITY OR TO		tside carporate li	mits, write R	JRAL and gr	ve negrest	tawn)
		OR INSTITUTION	ITAL (If not in hospital, gi		ress)		d. STREET ADD				1	(	RESIDENCE ON A FARM?
ك.			<u>rille State</u>				Сатр	raro					
5 '		NAME OF DECEASED (Type or print)	First Mar		Middle		Tyler		4. DATE OF DEATH	Mon.		Boy 8	1501
	5 S	emale	Manna	7- MARRIED WIDOWED €	DIVORCE		- 3 1899		9. A	years (hdoy)			JNDER 24 HRS Durs Min
	10a	during most of wo Domestic	ON (Give kind of work di rking life, even if retired)		d of Business o I <b>known</b>	R INDUSTR		E (State o				EN OF W	IAT COUNTRY?
\	13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME	•			
)		Unknown				Ì	Unk	nown					
j H	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16. SOC	IAL SECURITY NO	. 17. INFC	RMANT			Addi	ess		
	Ĺ	No			lknown		Hospita	1 Rec	cords				
		Conditions, if gave rise to couse (a), stoting lying couse last	immediate DUE TO	In Chron Nervo	anition & ic Brain us System	k Dehj Syndi n Sypi	ome Asso				+		A BETWEEN
	CERTIFICATION		THER SIGNIFICANT COND				·				EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
ate		OR CONTRIBUTING	AS UNDERLYING GOOD CAUSE OF DEATH Y MEDICAL EXAMINER)	206, DESCRIB	E HOW INJURY O	CCURRED.	Enter noture at ir	njury in Pi	art I ar Fort il ar	ilem (a)			
	MEDICAL	20c. TIME OF INJU Hour a m p. m	RY Month, Day, Yea	While of wark	RY OCCURRED  Not while of work	20e. PLACI factor	E OF INJURY (Har y, street, affice b	me, form, lug., elc.)	20f. (City or to	wn)	(Co	aunty)	(Stote)
			100	ilith	19-61 and	that dea	ATTENDING PHYS.  22d ADDRESS	16:30 P1 DIR	9	AFF YS	d an the	date sta	225 DATE SIGNED
	230	BURIAL GREMAN	ON, 236, DATE THEREO	2 3 L	SCHAME OF CEM	ETERY OR C	REMATORY		23d LOCATION	spot	us,	m	[8](g)(e)
	24	HULLAN	n Leese,	10-1	ADDRESS	mo		50. REC'D	8Y REGISTRAR	V	STRAR'S STG		



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

C0170

					. 2 - ()
1	1 PLACE OF DEATH  COUNTY A , A . COLUMN		TATE M	b. COUNTY	fore admission)
1	b CITY OR TOWN (If outside corporate limits, write C RURAL and give nearest town)	E ENGTH OF STAY IN 16	ITY OR TOWN (If outside corporate	timits, write RURAL and give n	nearest town)
	d. NAME OF HOSP TAL III not in hospital, give street of the institution of the institutio	arleigh of	TREET ADDRESS Hu	word of Eorl	e is residence On a farm? YES NO
	3 NAME OF DECEASED (Type or print) Front Ceri	Chour woo	LOST A DATE OF DEATH	1-24-6	Day Year
	S. SEX 6. COLOR OR RACE 7. MARRI		DE BIRTH 9 1	AGE (n years IF UNDER 1 YE) lost birthdoy) Months Days  Yrs.	
	10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if a tired)	SIND OF BUSINESS OR MODUSTRY (1).	BIRTHPLACE State or foreign country	Md-12.CITIZEN	of WHAT COUNTRY?
	13. FATHER'S NAME  FROM DO A. (8) 0	a rel Jam	OTHER'S MAIDEN NAME	)	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (16s. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, INFORMAL	wife.	Address	
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate	e for (o), (b), and (c)] evol dus	Le July		NTERVAL BETWEEN NSET AND DEATH
	cause (o), stating the under- lying cause lost. (c)				
_	PART II. OTHER SIGNIFICANT COND.TIONS C  20 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRED. (Enter	noture of injury in Port I or Port II o	of item 18 )	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. 19 of work	Not while foctory, stre	NJURY (Home, form, eet, affice bldg., etc.)	town) (Count	(State)
	21. I certify that (I) (this haspital) attends saw the deceased alive pr		ccurred at 3 PM, fram the	•	
	220 S GNATURE 22c. PHYSIC AN'S		TIENDING MED SIRECTOR DE P	STAFF / -24	226 DATE SIGNED
	NAME (Type) Robert R.	HAHN. 0	70.Box 73 C	Jevelno ()	out me
	230. BURIAL, CREMAT ON, REMOVAD (Specify)	Ce dus Hell	A 1 B	V (City, town, or county)	)+ r(Stote)
t <sub>a</sub>	24 FUNERAL DIRECTOR'S SIGNATURE	DOE. Tostal	250. REC D BY REGISTRAR DATE JAN 2 5 '6	4	1.4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page & the funeral director, a 2 shau d be filed with

may be used by the haspital or othending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 as the State Board of Hea th prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSP

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 100

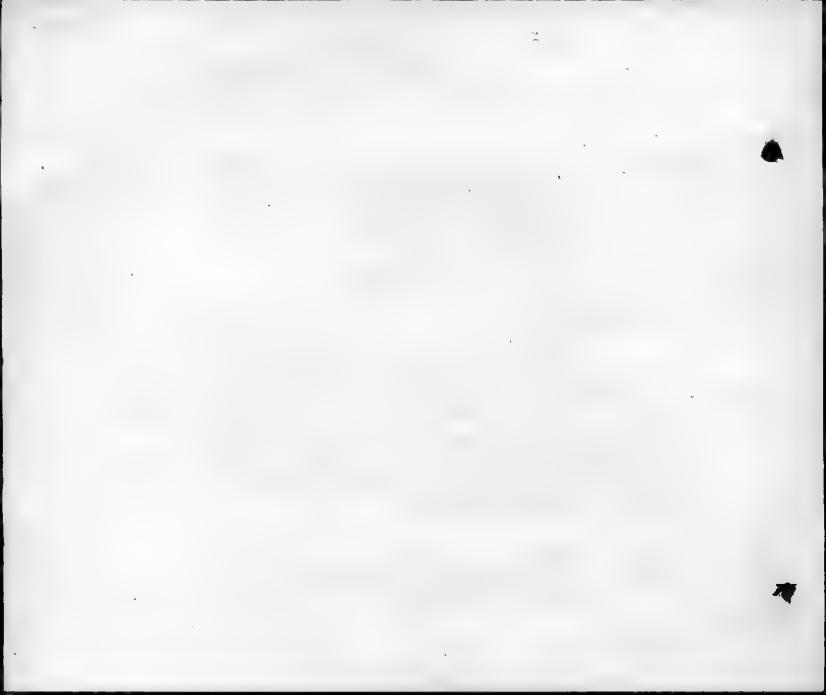
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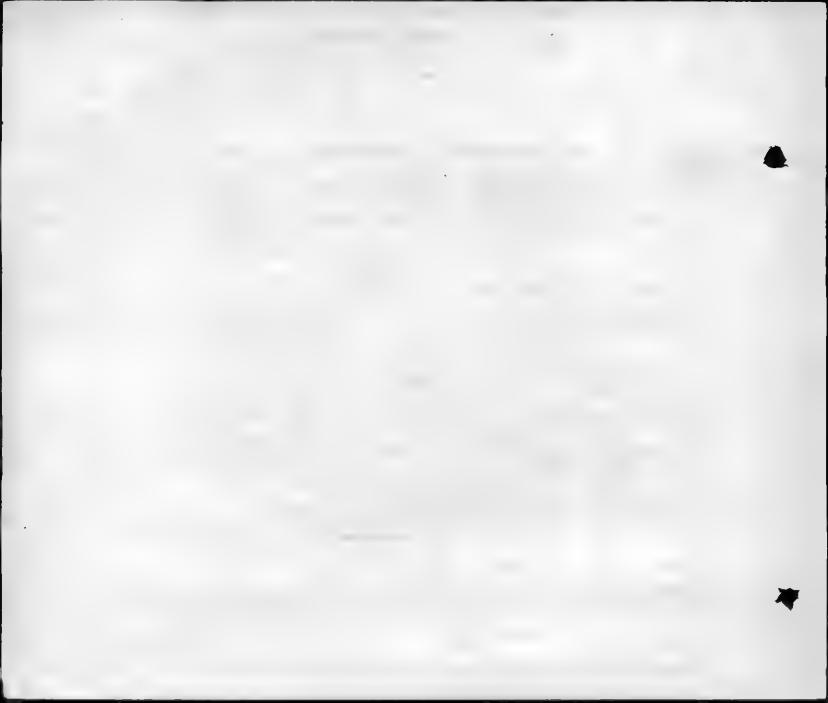
L	<u> </u>	IL OI PEAIII
1.	PLACE OF DEATH o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CIPT OR TOWN (If outside corporate limits, write RDRAC and give nearest town).	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)	d NAME OF HOSP TAL (Ill right in haspital, give street address) ON INSTITUTION LEVELLE	d street Address  e. Is residence on a farm? Yes \( \) NO \( \)
	NAME OF DECEASED (Type or print)  Particular Control C	Classon 4. DATE Month Day Year DEATH / - /3 196/
	Female 9 fute widowed Divorced	B. DATE OF BIRTH  9 AGE (In years lest birthdoy)  Manths Days Haurs Min.
	o USLA. OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	Wishmengton n. C.
	FATHER'S NAME	Bertina Gurganus
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Uff yes, give war or doles of service)	Weicin C. Walston
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO	small france Interval Between ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stoling the under- lying cause last.	antway to
CATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT Mice led le ter ou eleveri	T NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of infjury in Port I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 40 PL While Not while of work at work	LACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State bldg., etc.)
	21 1 certify that (I) (this haspital) attended the deceased fram.	174 177
	saw the deceased alive an	death accurred ats Affrom the causes and on the date stated above  22b, DATE ATTENDING MED. STAFF PHYS PHYS PHYS PHYS SIGNET
	22c PHYSICIAN'S NAME (Type) rank M Shiplay	aran for ling Migh
23	O BURIA. CREMAT ON 23b. DATE THEREOF 23c, NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (Eity, town, or county) (State)
24	FUNERAL DIRECTOR'S SIGNATURE for Some Chronispa	250. REC'D BY REG STRAR 256. REGISTRAR'S SIGNATURE  JAN 1 6 '61  Outling 8 #6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after each. Tage 4 may be need by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Board of Health priar to burial, commation, or removal, and in all years, within 72 hours after death.

VR A15 (4) 15M II/59





JAN 5

Orthur & House

DATE

VS A15 (4)

15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH

<u> </u>														
	n. PLACE OF DEATH o. COUNTY Anne Arundel			MARTIN	- 11	2. USUAL RESIDENCE (WHO STATE Maryland	ere decease		timore City					
1		outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b									
a f	RURAL and give no Crownsvil			10 mo. 12	ก้องส	Baltimore		2	- 27	2 45 6	4			
1	d. NAME OF HOSPITAL (If not in hospital, give street					d. STREET ADDRESS e. IS RESIDEN								
	Crownsville State Hospital					946 Hamburg Street YES NO X								
,9 F	B. NAME OF	Fir		Middle		Lost	4. DATE	Mon	+la	Doy	Yeor			
£, , ,	DECEASED (Type or print)	Mar	nie	Louis		Westbury	OF DEATH	1		13	1961			
1	5 SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8	DATE OF B RTH		9. AGE (In years tost birthday)		_	INDER 24 HRS			
	Female	Negro	WIDOWI	ED 🛣 DIVORCED		1903		57 yrs.	Midillis	Days Ho	Ut\$ Asin,			
Ī	00 USUAL OCCUPATION	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 B K HPLACE (State	or foreign c	country)	12. CITIZ	EN OF WH	AT COUNTRY?			
	Cook	ing me, even il ramacı	'			South Ca	aroli	na	U.	S.A.				
٧ī	3. FATHER'S NAME		<del></del> -			14. MOTHER'S MAIDEN N	IAME	_						
ı	Anthony	Jones				Sarah ?								
1	5. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 INF	DRMANT		Add	ress					
	Unknown	(If yes, give wor or deten of s		nknown	H	ospital Reco	rds							
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]							L SETWEEN			
ı	PART I. DEA	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Accident ONSET AND DEATH												
	4	// LIZA DUE TO												
1	Conditions, if o	Hypertensive and Arteriosclerotic Cardiovascular Disease												
	gove rise to i	gove rise to immediate DISTO												
1	lying couse last.	the under-												
		IER SIGNIFICANT CON	! DiTIONS (	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMI	NAL D SEAS	SE CONDITION GIV	EN N PART	7(0) 19 W	/AS ALTOPSY			
	PART II OTH Chronic E Chronic E OR ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART JOO 19 WAS AUTOPSY PERFORMED?  Chronic Brain Syndrome Associated with Generalized Arteriosclerosis												
	200 ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.)													
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (State)													
1	23. I certify the	21. I certify that (I) (this hospital) attended the deceased fram												
		saw the deceased alive/on 1/13 19 61, and that death accurred a8:104, from the causes and an the date stated above												
	220 SIGNATURE	226 SIGNATURE  1 ELECCIVITY  M.D. ATTENDING MED. STAFF IN 1/13/63  1/13/63												
1	22c PHYSICIAN'S	PHYSICIAN'S 22d. ADDRESS												
	NAME (Type)	NAME (Type) / L. Benedict, M. D. Crownsville State Hospital, Maryland									and			
	230. BURIAL, CREMATIC EMOVAL (Spec fy)		(av)	MARTINT			23d LOCA	TION (City, town,	or county)		(State)			
(	ELINERAL DIRECTOR	S-STGNATURE /	us f	ADDRESS C	ho	DATE J	D BY REGIS	'61 25b. REGI	STRAR'S SIG	NATURE				
Ь				VU II					and in the second	FULLICA				

the funeral director, should be filed with

lage ,

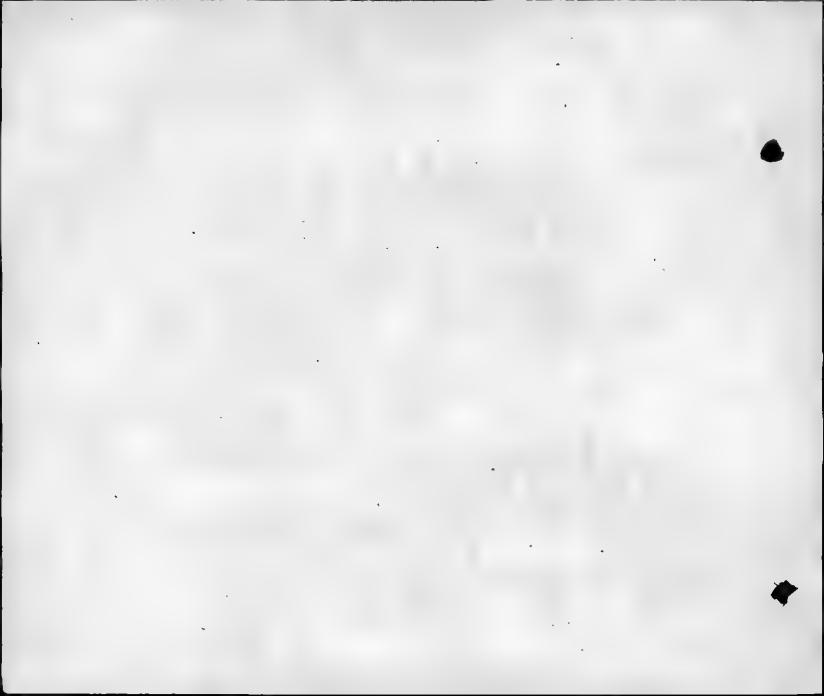
may be do by the hospiral or attending physician.

O FUNEN I RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

ATTENDING MHYSICIAN: The law requires that the death mertificate be executed within 2" haurs after meath TO HOSPIT may be TO FUNEN VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 71 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed livad, if Institution: Rasidence before admission) e. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND director. b. CITY OR TOWN (if outs de corporeta ilm ts. c. CITY OR TOWN (If outside corporate I m ts, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerast toyens ㅎ Severna Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital Jones Station NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH ROSAMAE WITESON January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HF UNDER 1 YEAR B. DATE OF BIRTH last birthday) Months WIDOWED F DIVORCED Female 10a. LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I-113 12. CITIZEN OF done during most of working life, even if ratirad) Give P. 16. SOCIAL SECURITY NO. | 17. INFORMANT Office along with burial-transit permi 48. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transection of cervical spine removal, Conditions, if and, which gava rise to immadiata cause 何 DUE TO (e), stelling the underlying 500 couse last. pesn PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION ecute the certificate, writing the word 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Pedestrian struck by auto Chief CAL 1 20d INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY should be forwarded to the CP FUNERAL DIRECTOR: Page factory, street, office bldg., etc.) Hour XXXX While Not While el work at work Road PARTIAL 10:05 p.m. Anne Arundel Md. DIRECTOR: P 21. I certify that I took charge of the remains described above, held an Autopsy 🛣, inspection 🗍 Inquiry Accident X death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 😿 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Typa) Address (Street, city, town, or county) 220. BURIAL CREMATION. 22c. NAME OF COMETERY OR CREMATORY REMOVAL (Specify) 40 6 REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur S. Thrus

a. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

NO [

(State)

YES DE

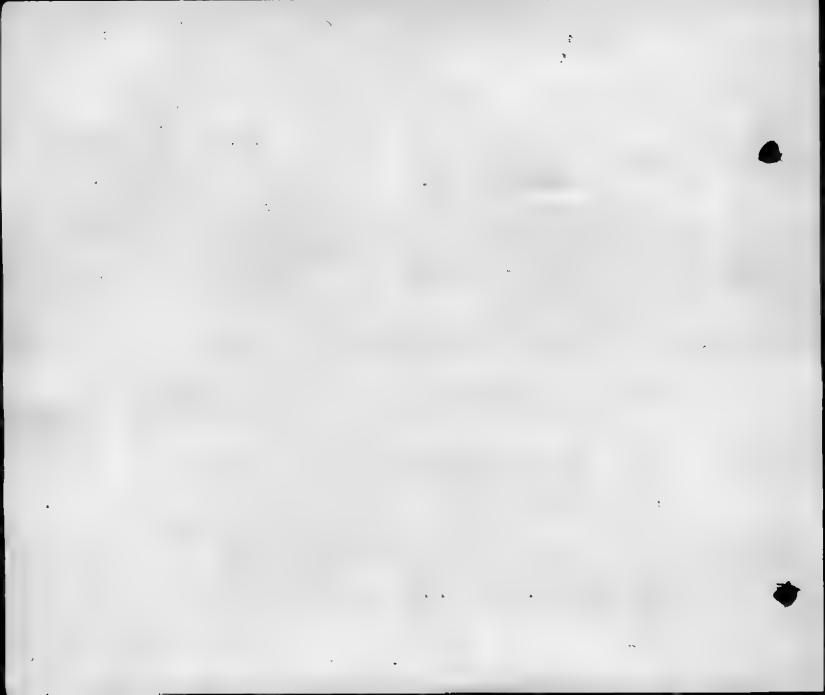
and in my opinion

DATE SIGNED

16/61

(County)

Year



# Lady is necessary, and director, Page Nour Flow of Flow in Board of Basilin, in his 
IO DEPCO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an Hary is a please execute the certificate, writing the word "pending" in pencil in her 18. Give Pages 1, 2, and 3 to the set as the should be forwarded to the Chief Medical Examiner's Office along with form PMN, Page 5 may be retained for you purpose INECTOR: Page 3 should be used as a burial-trensit permit file pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY				2. USUAL RESIDEN	JCE (Where			idence before	admission)		
Anne ir	Same										
	foulside corporate limit	\$,	c. LENGTH OF STAY IN 1		(If oulside co		e RURAL and g	ive nearest to	wn)		
Pasadena	dive usecesi towul		21 venus	Came							
	AL OR INSTITUTION (I	not in hos	pilal, give street address)	d. STREET ADDRESS					RESIDENCE		
Oldmill H	A.			/ Same				-	NO F		
3. NAME OF	First	_	Middle	Lesi	4. DATE	Monl	h I		an in the		
(Type or print)	T* 0 T		Y + 1 1		OF		00.1				
5. SEX	Regina Lou	ilse i	right	8. DATE OF BIRTH		Jan.	IF UNDER 1 YE		061 ER 24 HRS.		
J. 36A	D. COLON ON RACE		NEVER MARRIED			last birthday)	Months Da		Min.		
H	C	WIDOWE		7/3/50		LU yrs.					
done during most of wor			ND OF BUSINESS OR INDU			ouniry)		N OF WHAT	COUNTRY		
Pupil				Pasadena	lid.		USA	1			
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
Milton	Robert Wrig	glit		Dolores P	arker						
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. 17	INFORMANT	*	Address	5	-			
(Yes, no, or unkown) (If	yas give war or dalas of se	rvica)		Ernest Green	(stan	father					
1 18. CAUSE OF D	EATH (Enter only one	cause per li	ne for (a), (b), and (c), )	TIT HERD OF GLERIN	(2002)	Tatales /		INTERVAL B	ETW/FEN		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:							ONSET AND DEATH			
D .	MMEDIATE CAUSE (a)_	Sui	focation by s	moite					en		
1 716.	DUE TO										
Conditions, if any	, which ) (b)_										
gave rise to immedia (a), stating the un	gave rise to immediate cause										
cause last.	(c)										
Z PART II. OTHER	1-1	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASI	E CONDITION GIV	VEN IN PART 1	a) 19. WAS	AUTOPSY		
OH									ORMED?		
PART II. OTHER  20a. EXTERNAL CA PRIMARY II or CO CAUSE OF DEATH.	TIEE MAC I DO	A DECCO	DE HOW INDIBY OCCUPED	/Enter enture of Injury in Da	at Lau Bart II .	of How 10 \		YES	NO 🔀		
PRIMARY TO OF CO	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of IIam 18.)  PRIMARY To reconstributing   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of IIam 18.)										
	CAUSE OF DEATH. Was trunned in second floor of her hope which was burned down.										
20c. TIME OF INJUI	RY Month, Day, Yea	r 20d. l	NJURY OCCURRED   20s. F	LACE OF INJURY (Home, far. ectory, street, office bldg., ate	m, : 2Df. (Ci c.) !	ity or lown)	(County	1)	(Slate)		
₹ 77 2/p.m.	7/00/67 19	at wor	Not While	**	_	asadena	A.A.	2.0			
21. I certify th	at I took charge of	f the rem		held en Autopsy .	Inspection	Inqui	ry [Y], a	and in my	opinion		
death resulted f	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner										
	CHIEF MEDICAL EXAMINER										
ACTUAL A	ACTUAL WILL THE TOTAL THE STATE OF THE STATE										
BIGNATURE	Crear and	101.		M.D.			23/61	DATE S	01400		
EXAMINER'S				DEPUTY MEDICA	L EXAMINER	1	27/07				
NAME (Type)	Matave L	Caubo	226 NAME OF CEMETERY	Address (Street,				124	-1-1		
22a. BURIAL, CREMATIO PEMOVAL (Specify)	N, ZZO. DATE IMEREC	1	MAME OF CEMETERY	OK CKEMPTORT 17	220. 100	TION (City, Jown	or country)	/ (50	(2) A		
Durial	1-27-	61	Mt. Sion	Church Ct.	Ma	cothe	A.A.	. Co. P.	nd.		
23. FONERAL DIRECTO	00	1	ADDRESS /	24a. RE	C'D BY REGIS	FRAR 246 REC	SISTRAR'S SIGN	NATURE			
Special Z	Beaun	Ball	imar 30 /1	d. DATE.		4		,			
1	THE		77.73	JA	N 2 / 6	a ·	13w1 2. 16	the state of the s			

CHENCO NO PERMINER CENTINGER OF COLUMN Course with me Latte my to 11 1 10 hereit tilliam belligiand the

VS A1S (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

173 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Whe	F COTIN	TY - YT	Defore admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ANNAPOLIS, MARYLAND	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OU	tside carporate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION U.S. NAVAL HOSPITAL, ANNA!		d. STREET ADDRESS 56 MAD 1 SO		1	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) BARY BOY	Middle	Lost ZIMMERMAN	OF	Aanth A N	Day Year 19 61
5. SEX 6. COLOR OR RACE 7. MARRII MALE CAUC WIDOWED	ED NEVER MARRIED	12-30-60	9. AGE (In yea lost birthda)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote o	r foreign country)		N OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
DAVID LEE ZIMMERMAN		SHIRLEY M	AY TAYBURN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown)	OCIAL SECURITY NO. 17. II	IFORMANT	A	ddress	
Ne	U.	S. NAVAL HOSI	PITAL, ANNAPO	DLIS, MA	RYLAD
173 S DUE TO	e for (a), (b), and (c).} RESPIRATORY DI PREMATURITY	STRESS			INTERVAL BETWEEN DISSET AND DEATH 2 DAYS
Codes (o), stoling the under DUE TO lying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT			SIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
	AND THOSE HOURS	. (Eller Holore el Injory Mire	ar to tall it of them to.j		
Hour o. m. While	JURY OCCURRED 20e. PL/ Not while fac	CE OF INJURY (Home, form, lary, street, office bldg., etc.)	20f. (City or town)	(Covi	nty) (Stote)
21. I certify that I attended the decease alive an 1-1 19.5  ACTUAL SIGNATURE PHYSICIAN'S LT JOHN J. MC CAI	and that death		M, fram the causes DDRESS (Street, city or tow	and an the	date stated above
220. BURIAL, CREMATION, 226. DATE THEREOF  BEMOVAL (Specify)  22. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	-Cademy	PARTIES TRANSPORTER TO THE PROPERTY OF THE PROPERTY PROPE	5	(State) NTURE

